MEDICATION CONSENT FORM  606 CMR 7.11(2)(b)

Name of child: ______________________________________________________________

Name of medication: _________________________________________________________

Please [ ] one of the following:  Prescription: _____  Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms______

Topical Non-Prescription (applied to open wound/ broken skin)______

My child has previously taken this medication_______

My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan______

Dosage: ___________________________________________________________________

Date(s) medication to be given: _____________________________________

Times medication to be given: _______________________________________

Reasons for medication: _____________________________________________

Possible side effects: _________________________________________________________

Directions for storage: ________________________________________________

Name and phone number of the prescribing health care practitioner: ___________________________________________________________________

Child’s Health Care Practitioner Signature ___________________________ Date_________________

I, __________________________________________, (parent or guardian) gives permission (print name) to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature ___________________________ Date_________________

For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)