



**Medication Consent Form**

To be completed for all prescription, non-prescription or topical ointments if administered during school hours.

Name of child:

\_\_\_\_\_

Name of medication:

\_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ Prescription

\_\_\_\_\_ Non-Prescription\* (i.e. Benadryl, Advil)

\_\_\_\_\_ Topical Ointment (i.e. Diaper Cream, Aquaphor)

*Per our Parent Handbook, the first dose of any new medication must be given at home by the parent. The only exception to this rule is an emergency medication, as detailed on a child's Individual Healthcare Plan.*

Has your child previously taken this medication?    Yes    No

Dosage:

\_\_\_\_\_

Date(s) medication is to be given:

\_\_\_\_\_

Time(s) medication is to be given:

\_\_\_\_\_

Reason for medication:

\_\_\_\_\_

Possible side effects:

\_\_\_\_\_

Directions for storage:

\_\_\_\_\_

Name and phone number of prescribing health care practitioner:

\_\_\_\_\_

Child's Health Care Practitioner Signature\*

\*Only required for non-prescription medications or medicated ointments.

I, \_\_\_\_\_, (parent or guardian) give permission to authorize educator(s) to administer medication to my child as indicated above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_