



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Medication Consent Form

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)\* \_\_\_\_\_

Please  one of the following:

- 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) and times for medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner: \_\_\_\_\_

**I give permission to authorize educator(s) to administer medication to my child as indicated above.**

**Parent/Guardian Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **date** \_\_\_\_\_

**\*Health Care Practitioner signature required for non-prescription medication including antihistamines, pain/fever medication, and topical creams/ointments applied to open wound / broken skin.**

**Child's Health Care Practitioner Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_