

Medication Consent Form
102 CMR 7.05(2)(c)

Name of Child: _____

Name of medication: _____

Prescription
Non-Prescription

Dosage: _____

Date(s) medication to be given: _____

Time(s) medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Name and phone number of prescribing physician:

Directions for storage: _____

I, _____ (parent or guardian) give permission to authorized staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

For non-prescription medication:

Physician's signature: _____