

MEDICATION CONSENT FORM

606 CMR 7.11 (2)(b)

We need this form signed by a doctor for **every** medication except one time prescriptions for an illness like ear infection or strep throat.

Name of child _____

Name of medication: _____

Please check one Prescription Oral/Non-Prescription

Unanticipated Non-Prescription for mild symptoms (eg. Advil, Tylenol etc.) _____

Topical Non-Prescription (**applied to open wound/broken skin**) (eg. Cortaid, Neosporin) _____

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 ASC 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 Prescribing Health Care Practitioner: _____

Child's Health Care Practitioner Signature

Date

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

Parent / Guardian Signature

Date

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

Permission for self-administered inhaler

requires both the parent / guardian's and the Prescribing Health Care Practitioner's signatures

I, _____ (parent, guardian)

give do not give permission to allow my child _____

to self administer the inhaler under the supervision of an authorized staff member.

Parent / Guardian Signature

Date

Prescribing Health Care Practitioner's Signature

Date