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:_____

Times medication to be given:_____

Reasons for medication:_____

Possible side effects:_____

Name and phone number of prescribing physician:

_____

Directions for storage:_____

I,_____(parent, guardian) give permission

please print

to authorized staff member(s) to administer medication to my child as indicated above.

_____ _____

Parent / Guardian Signature **Date**

_____ _____

***Doctor's Signature** **Date**

*(for non-prescription medicine or if no prescription label on the medicine)

Permission for self-administered inhaler

This requires both the parent's and the Doctor'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**

_____ _____

Doctor's Signature **Date**