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

Doctor's Signature: _____
(for non-prescription medication)