



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) ___

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) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ Date _____

I, _____, (parent or guardian) gives permission
(print name)
to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ Date _____
For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)