| Commonly of Massachusetts  
| Department of Early Education and Care  
| **MEDICATION CONSENT FORM  606 CMR 7.11(2)(b)**  

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)*  

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