

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 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)