



Medication Consent Form 102 CMR 7.05(2)(c)

Name of Child: _____

Name of Medication: _____

Prescription

Non-Prescription

Dosage: _____

Date(s) to be given: _____

Times medication to be given: _____

Reasons for
medication: _____

Possible Side
effects: _____

Prescribing physician name and phone number:

Directions for
storage: _____

I, _____ (parent or guardian), give permission to
authorize staff members to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

Prescribing Physicians's Signature
(for non-prescription medication or if prescription medication does not have label attached)