Commonwealth 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 no t 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 SignatureDate
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)