



Written Medical Consent Form

- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.
- Parents **MUST** complete, with assistance from the school nurse for medication to be administered 10 days or less OR for non-prescription topical medication including sunscreen or insect repellent.

1. Child's full Name:	2. Date of Birth:	3. Child's known allergies:
4. Name of medication:	5. Amount/dosage to be given:	6. Route of administration:
7. Frequency to be administered:	8. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters)	9. Possible side effects: Parent must supply package insert (or pharmacy printout) for complete list of possible side effects
10. Special instructions: Parent must supply package insert (or pharmacy printout) for complete list of special instructions	11. Reason the child is taking the medication (unless confidential by law):	12. Date consent form completed:

13. Write the specific time(s) the child day program is to administer the medication (i.e.: 12pm):	
14. Parent or legal guardian's name (please print):	15. Parent or legal guardian's signature: