Nature Center Preschool

MEDICATION CONSENT FORM

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)