

Medication consent form and record sheet



Share this form with parents or guardians who have children needing medication.

Name of child: _____

Date: _____

I: To be completed by child's parent or guardian

I, _____ [parent or guardian's name], give permission

for _____ [child's name] to be given the following

medication by child care staff according to instructions stated below.

Parent/guardian's signature: _____

Name of medication: _____

Amount(s) to be given: _____

Dates(s) to be given [at child care]: _____

Time(s) to be given: _____

Special instructions: _____

Medication consent form and record sheet

Storage: _____

Start date: _____ End date: _____

My child received _____ [number] doses at home.

Are there any possible side effects from the medication? Please specify: _____

Stop medication if the following reaction(s) is observed: _____

**II: To be completed by child care practitioner
when the medication is given**

Date	Time(s)	Amount	Given by (initials)

Comments: _____

