

# MEDICATION CONSENT FORM

Name of child \_\_\_\_\_

Name of medication: \_\_\_\_\_

Please check one

- Prescription - must be in original box with current prescription label attached.  
 Non-Prescription (if non-prescription, this form **must** be signed by Prescribing Healthcare Practitioner).

If non-prescription, please check one

- Unanticipated Oral Non-Prescription for mild symptoms  
(eg. acetaminophen, ibuprofen, antihistamines etc.)  
 Topical Non-Prescription (**applied to open wound/broken skin**) (eg. Cortaid, Neosporin)

Please check one

- My child has previously taken this medication. ASC cannot administer the first dose of any medication except under extraordinary circumstances and with parental consent.  
 My child has not previously taken this medication, but this is an emergency medication and I give permission for ASC staff to give this medication to my child in accordance with his/her Individual Health Care Plan.

\*\*\*All medications must be in original container with original label containing the name of the child affixed\*\*\*

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Phone number of Prescribing Health Care Practitioner: tel. # \_\_\_\_\_

Name of Prescribing Health Care Practitioner: please print \_\_\_\_\_

X

\_\_\_\_\_  
Child's Health Care Practitioner Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (parent, guardian) give permission to authorized staff members to  
please print

administer the medication listed above to my child as indicated.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

This form must be signed by the child's Health Care Practitioner for **every** non-prescription medication.

This form must be signed by the child's parent or guardian for **every** medication (prescription and non-prescription).