

# 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).