



# Medical Consent Form

Parent(s): Please fill out the following information to enable the staff to administer medication to your child. Without proper consent, staff is not permitted to administer any medication under government regulations.

PERSONAL INFORMATION:	
Child's Name:	

MEDICATION INFORMATION:			
Name of Medication:			
Prescribed		Patent ('Over-the-counter):	
Prescription Number:			
Doctor's Name:			
Date of Issue:		Expiration Date:	
Dosage:		Time:	
Dates to be given:			
Last time medicine was taken at home			

ADDITIONAL COMMENTS OR INSTRUCTIONS:

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date

Time	Dosage	Date	Staff's Signature