Medication Consent Form

Child's Name:_____

Name of Medication:_____

Please ☑ one of the following:

❒ Prescription (must be in original prescription container with label)

❒ Oral/Non-Prescription

❒ Topical Non-Prescription (Applied to open wound/broken skin)

❒ **SUNSCREEN ONLY**

❒ 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:_____

Reason for medication:_____

Possible side effects (attach list from pharmacy):_____

Directions for storage:_____

Discontinuation Date:_____

Physician Name:_____ Phone #_____

I, _____, give permission to authorize the Girls Club of Greenfield teachers
(parent/guardian name)

to administer medication to my child as indicated above.

Parent/Guardian Signature:_____ **Date:**_____

For non-prescription meds only:

Physician Signature:_____ **Date:**_____