

**CHENEX**  
Medication Consent Form  
OCCS CMR 7.00

- Please complete this form and return it and with the described medication to CHENEX or the Chenery school office.
- Medication will not be administered without this form.
- WHEN FILLING YOUR CHILD'S PRESCRIPTION, WE SUGGEST THAT YOU ASK THE PHARMACIST FOR TWO CONTAINERS OF MEDICATION. (one for home and one for school)
- We cannot administer medication in non-prescription bottles.
- Non-prescription medicines (acetaminophen, Benadryl, etc.) must have a letter from your child's physician authorizing the information required below.

**FOR THE PARENT/GUARDIAN TO COMPLETE**

Child's name \_\_\_\_\_  
Medication name \_\_\_\_\_  
Date prescribed \_\_\_\_\_  
Date last dose due \_\_\_\_\_  
Time(s) of dosage \_\_\_\_\_  
Reason for medication \_\_\_\_\_  
Possible side effects \_\_\_\_\_  
Prescribing physician name and phone number \_\_\_\_\_  
\_\_\_\_\_  
Directions for storage \_\_\_\_\_

I, (print parent/guardian name)  
\_\_\_\_\_  
give permission to the CHENEX authorized staff to administer this medication to my  
child as indicated above.

Parent/guardian signature \_\_\_\_\_  
Date \_\_\_\_\_

**FOR CHENEX STAFF: /s**

- the permission form complete? \_\_\_\_\_
- the medication in a safety cap container? \_\_\_\_\_
- the original prescription label on the medication container? \_\_\_\_\_
- the name of the child on the container? \_\_\_\_\_
- the date on the prescription bottle current? (within the month for antibiotics, within the expiration date for medications so labeled, within the year otherwise) \_\_\_\_\_
- the dose, name of drug, dosage, etc. consistent with instructions from above? \_\_\_\_\_

**STAFF NOTES**