

## Medication Consent Form

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 \_\_\_\_\_

- 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 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: