



CrossWays Preschool



Celebration! Childcare

## Medication Consent Form

Name Of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription Date: \_\_\_\_\_

### For parents to complete

I, \_\_\_\_\_ give permission to the staff at Celebration Child Care/  
(Parent)

CrossWays Preschool to administer \_\_\_\_\_ of \_\_\_\_\_ to  
(Dose) (Name Of Medication)

My child \_\_\_\_\_ at approximately \_\_\_\_\_ for  
(Name of Child) (time of dosage)

\_\_\_\_\_  
(reason for medication)

Possible side effects to watch for with this medication include: \_\_\_\_\_

The name and phone number of the prescribing physician:  
\_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### For the staff to complete

- 1) Is the permission for (above) completed? \_\_\_\_\_
- 2) Is the original prescription label on the medication container? \_\_\_\_\_
- 3) Is the name of the child given on the container? \_\_\_\_\_
- 4) Is the date on the prescription current ( within the month for antibiotics and within the expiration date for medications which are so labeled)? \_\_\_\_\_
- 5) Is the dose, name of medication, frequency of administration given on the label consistent with the parental instructions given above? \_\_\_\_\_

**Medication may be administered only if the answers to all above questions are "yes"**

\_\_\_\_\_  
Signature of teacher accepting medication

\*\*\*Date\*\*\*

\*\*\*Time\*\*\*

\*\*\*Dose\*\*\*

\*\*\*Staff Signature\*\*\*

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\*\*\*Date\*\*\*

\*\*\*Time\*\*\*

\*\*\*Dose\*\*\*

\*\*\*Staff Signature\*\*\*

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\*\*\*Date\*\*\*

\*\*\*Time\*\*\*

\*\*\*Dose\*\*\*

\*\*\*Staff Signature\*\*\*

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