

HAPPY HOLLOW SCHOOL
MEDICATION CONSENT FORM

Name of child: _____

Name of medication: _____

Please ✓ one of the following:

Prescription: _____

Oral Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

Topical Non-Prescription (**NOT applied to open wound/ broken skin**)* _____

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: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

I, _____, give permission to authorize educator(s) to
(print parent or guardian name)
administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

Child's Health Care Practitioner Signature _____ **Date** _____

*If topical, non-prescription medication which is **NOT** applied to an open wound / broken skin, then only parent signature required.

*All other non-prescription medications require **BOTH** parent **AND** physician signature.*