

**Butler Extended Day Program
MEDICATION CONSENT FORM
7.05(2)(c)**

FOR PARENT TO COMPLETE:

Name of Child _____

Name of Medication _____

Date Prescribed (if a prescription) _____

Date Last Dose Due _____

Time(s) dose dues _____

Dates and days due _____

Reason for medication _____

Possible side effects _____

Name and phone number of prescribing health care practitioner _____

Directions for storage _____

I, _____ (parent or guardian) give permission to authorized staff members to administer medication to my child as indicated above.

Signature of Parent or Guardian

Date

FOR STAFF TO COMPLETE:

Is the permission form (above) completed? _____

Is the medication in a safety cap container? _____

Is the original prescription label on the medication container? _____

Is the name of the child given above on the container? _____

Is the date on prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled); within the year otherwise? _____

Is the dose, name of drug, frequency of administration given on the label consistent with parental instructions given above? _____