

# MEDICATION CONSENT

(One Medication Per Form)

Child's Name: \_\_\_\_\_

**Note:** The child's name **MUST** be on the medication with a Pharmacy label when given to the Preschool

## Medication

**REASON (if allergy, list what child is allergic to):**

\_\_\_\_\_

**Medication Name (complete name of prescription):**

\_\_\_\_\_

**Medication Expiry date:** (\_\_\_\_)/(\_\_\_\_)/(\_\_\_\_)  
Month Day Year

**NOTE:** If multiple allergy medications are given for the **SAME** allergy (on different consent forms), the above medication is to be given (please circle):      **FIRST**      **SECOND**      **THIRD**

**When to be given/Symptoms:** (please explain in detail what symptoms to watch for and when medication is to be given for the ABOVE medication)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount to be given (must match prescription):** \_\_\_\_\_

\_\_\_\_\_

**Special Instructions:** (ex. to be taken with food) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

(\_\_\_\_)/(\_\_\_\_)/(\_\_\_\_)  
Month Day Year