Commonwealth of Massachusetts Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

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) 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			
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		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:			
Child's Health Care Practitioner Signature	Date		
I,(print name)	_, (parent or guardian) gives permission		
to authorize educator(s) to administer medication to my child as indicated above.			
Parent/Guardian Signature	Date		
Parent/Guardian Signature For topical, non-prescription NOT applied to open wou	nd / broken skin (parent signature only)		