

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 \_\_\_\_\_

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, \_\_\_\_\_, (parent or guardian) gives permission  
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
For topical, non-prescription **NOT** applied to open wound / broken skin (parent signature only)

\* No Doctor signature required for prescription medication.  
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