WRITTEN MEDICATION CONSENT FORM

Great Bridge Christian Academy and Day Care

One form must be completed for each medication.

Multiple medications cannot be listed on one consent form.

1. Child's First and Last name:	**2.** Date of birth:	**3.** Child's known allergies:
4. Name of medication (including strength):	**5.** Amount/dosage to be given:	**6.** Route of administration:

7A. Frequency to be administered: _____ ***OR***

7B. Identify the symptoms that will necessitate the administration of medication: (signs & symptoms must be observable and, when possible, measurable parameters)

8A. Possible side effects: Parent must supply the package insert (or pharmacy printout) for complete list of possible side effects. ***AND/OR*** **8B.** Additional side effects: _____

9. What action should the child care provider take if side effects are noted: (i.e.: Contact parent, prescriber, or other)

10A. Special instructions: Parent must supply the package insert (or pharmacy printout) for complete list of special instructions ***AND/OR*** **10B.** Additional special instructions: *(include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it related to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.*)

11. Reason the child is taking the medication (unless confidential by law):

12. Date consent form completed:	**13.** Date to be discontinued **or** length of time in days to be given ***ALL MEDICATION FORMS EXPIRE ON AUGUST 31ST OF EACH YEAR.***

14 Describe any additional training, procedures or competencies the staff will need to care for this child.

15. Prescriber's name (please print):	**16.** Prescriber's telephone number:

17. Licensed authorized prescriber's signature: *Required for Long-Term prescription medication or when dosage directions state "consult a physician".*

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

18. If Section #7A is completed, do the instructions indicate a specific time to administer the medication?
(For example, did the prescriber write 12pm?) *circle one* Yes N/A No
Write the specific time(s) the medication is to be administered. (i.e. 12pm)

19. I, parent/legal guardian, authorize GB Christian Academy and Day Care to administer the medication as specified to: (child's name)

20. Parent or legal guardian's name printed and the signature	**21.** Date authorized:

NURSE OR MAT TRAINER TO COMPLETE THIS SECTION

22. I have verified that this form is complete where applicable. My signature indicates that all information needed to give this medication has been given to Great Bridge Christian Academy and Day Care.

Print, Sign and Date received from parent:

MEDICATION CONSENT FORM ***EXPIRES ON AUGUST 31ST*** *OF EACH YEAR REGARDLESS OF WHEN RECEIVED*