

St. Paul's Nursery School
MEDICATION CONSENT FORM

You must complete one form for **each** medication St. Paul's Nursery School will administer.

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) _____

Please ✓ one of the following : 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*** _____ (***You must complete a separate individual health care plan for your child.**)

Dosage: _____

Date(s) medication to be given: _____

Time(s) medication to be given: _____

Reason(s) 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) give permission
(print name)

to St. Paul's Nursery School 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).