

**Project Learn Childcare**  
**MEDICATION CONSENT FORM**

You must complete one form for **each** medication Project Learn Childcare 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 Project Learn Childcare 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).\***