

**Commonwealth of Massachusetts
Department of Early Education and Care
MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)
INDIVIDUAL HEALTH CARE PLAN 606 CMR 7.11(3)(a)-(c)**

Name of child: _____

Name of medication: _____
(Only **ONE** medication per form, please write exact name listed on label, ex: CVS Children's Allergy)

Please check one of the following:

Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (applied to open wound/ broken skin) _____

.....
Please check 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 _____

.....
Dosage: _____
(Please write appropriate dosage as listed on the label)

Date(s) medication to be given: _____ or circle: Emergency Medication

Times medication to be given: _____
(If this is an emergency/as needed medication, please list symptoms to look for)

Reasons for medication: _____
(Ex: Peanut Allergy, Asthma, Frequent Headaches and MUST list name of Chronic Condition)

Possible side effects: _____
(List any side effects indicated on the label AND potential consequences to the child's health if treatment not administered)

Directions for storage: _____

.....
Prescribing health care practitioner:

Name: _____ Phone Number: _____

I authorize the child's parent/guardian to train Sudbury Extended Day staff in the use of this medication:

Child's Health Care Practitioner Signature _____ **Date** _____

Parent Signature: _____ **Date** _____

.....
I, _____, (parent or guardian) give permission
(print name)
to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____