



Arlington Heights Nursery School

Established 1965

Child's Name _____
Date of Birth _____

Medication Consent Form

(A separate form must be filled out for each individual medication.)

Name of Medication: _____

State regulations require that the medication brand name listed must exactly match the name on the packaging. For example, if the name of the medication listed on this form is Benadryl®, you may not bring in a generic substitute such as Wal-dryl®.

Please check one of the following

- Prescription *(requires parent and health care practitioner signature)*
- Oral/Non-Prescription *(requires parent and health care practitioner signature)*
- Topical Non-Prescription (applied to open wound/ broken skin) *(requires parent and health care practitioner signature)*
- Topical, Non-Prescription NOT applied to open wound or broken skin *(requires parent signature only)*

Please check one

- 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 check one

- Date(s) medication to be given: from _____ to _____
Times medication to be given: _____
- Unanticipated Non-Prescription for mild symptoms (administer as needed)

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

_____ **Date:** _____

Child's Health Care Practitioner Signature

_____ **Phone #:** _____

Print Name (Child's Health Care Practitioner)

I, _____ (parent or guardian), authorize educator(s) at Arlington Heights Nursery School to administer medication to my child as indicated above and to contact my child's Health Care Practitioner if needed.

_____ **Date:** _____

Parent/Guardian Signature

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