

# MEDICATION CONSENT FORM

**FOR PARENT TO COMPLETE:**

I give my permission to the BGMS staff to administer the medication listed below.

CHILD'S NAME	CLASSROOM
NAME & PHONE NUMBER OF PHYSICIAN	
NAME OF MEDICATION	
IS THIS A <input type="checkbox"/> PRESCRIPTION MEDICATION ? OR <input type="checkbox"/> NON - PRESCRIPTION MEDICATION ?	
DATE OF PRESCRIPTION	PRESCRIPTION #
DATE(S) TO GIVE MEDICATION: FROM / / TO / /	
DOES MEDICATION NEED REFRIGERATION ? <input type="checkbox"/> NO <input type="checkbox"/> YES	
PRESCRIBED DOSE	
TIME(S) TO BE GIVEN	
REASON FOR MEDICATION	
ANY SPECIAL INSTRUCTIONS ? <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN	
TO BE TAKEN: <input type="checkbox"/> BEFORE MEALS? <input type="checkbox"/> AFTER MEALS ? <input type="checkbox"/> WITH FOOD? <input type="checkbox"/> WITH WATER?	
LIST POSSIBLE SIDE EFFECTS	
PARENT SIGNATURE	DATE:

**FOR STAFF TO COMPLETE:**

WHERE IS MEDICATION STORED?	REFRIGERATOR	MEDICATION BOX
DOES THE MEDICATION HAVE A SAFETY CAP?	YES	NO
IS THE CHILD'S NAME ON THE MEDICATION?	YES	NO
IS THE PRESCRIPTION DATE CURRENT?	YES	NO
ARE THE PARENT'S INSTRUCTIONS CONSISTENT W/CONTAINER LABEL?	YES	NO
<b>STAFF SIGNATURE</b>		
<i>VERIFYING THIS FORM IS COMPLETE AND ACCURATE.</i>		

**MEDICATION ADMINISTRATION RECORD** REMEMBER! EACH DATE & TIME MUST BE WRITTEN IN AND ACCOUNTED FOR.

DATE <i>MO / DAY / YR</i>	TIME GIVEN <i>AM / PM</i>	DOSE / APPLICATION <i>TABLE / TEASPOON</i>	STAFF SIGNATURE <i>FULL NAME</i>

IF MEDICATION IS FINISHED BEFORE THE LAST DAY WRITTEN ABOVE PARENT MUST SIGN RELEASE.

PARENT SIGNATURE DATE:

**MEDICATION ADMINISTRATION RECORD**

\*STAFF - REMEMBER EACH DATE & TIME MUST BE ACCOUNTED FOR !!!