

Medication Consent Form

| For Parent to Complete | | | | | | | | | | |
|--|-------------|------------|-------|-------------|-----------------------|---|--|--|--|--|
| Child's Name: | | | | | Date: | | | | | |
| Medication: | | | | | | | | | | |
| Prescribing Phy | | | | | Physician Phone: | | | | | |
| | Refrigerate | ? (circle) | Yes N | 0 | | | | | | |
| Amount in container when given to BJBE at the Chava Center | | | | | | | | | | |
| I,, give permission to BJBE at the Chava Center to | | | | | | | | | | |
| | Parent Nam | | | | | | | | | |
| | | | | to my child | | , | | | | |
| | ount/dose | | | | for | | | | | |
| urup | | | | | reason for medication | · | | | | |
| Possible side effects to watch for with this medication may include: | | | | | | | | | | |
| Parent Sig | nature: | | | | Date: | | | | | |

MEDICATION CAN ONLY BE ADMINISTERED IF IN THE **ORIGINAL PHARMACY LABELED BOTTLE** AND THE ANSWERS TO ALL OF THE QUESTIONS BELOW ARE "YES":

FOR STAFF TO COMPLETE

- 1. Is the consent form above completed and signed?...... YES/NO
- 2. Is the medication in a safety cap container?...... YES/NO
- 3. Is the child's name on the medication container?...... YES/NO

| Date & Time Administered | | Signature of Staff Administering Medication | Date & Time Administered | | Signature of Staff Administering Medication |
|-----------------------------|--|--|-----------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |