

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