BJBE's Early Childhood Program AT THE CHAVA CENTER

Medication Consent Form

For Parent to Complete

Child's Name:_____ Date:_____

Medication: _____

Prescribing Physician: _____ Physician Phone:_____

Refrigerate? (circle) Yes No

Amount in container when given to BJBE ECC at the Chava Center _____

I, _____, give permission to BJBE ECC at the Chava Center to
Parent Name

administer_____ of _____ to my child _____,
amount/dose medication name

at approximately _____ on _____ for _____.
time dose is to be administered dates reason for medication

Possible side effects to watch for with this medication may include: _____

_____

_____

Parent Signature: _____ 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
4. Is the date on the prescription current (within 1 month for antibiotics; within the expiration date for medications so labeled; and within 1 year for other medications)?..... YES/NO
5. Is the medication name, dose, and frequency of administration on the label consistent with parental instructions given above?..... YES/NO

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