

Arizona Department of Health Services
Bureau of Child Care Licensing

MEDICATION CONSENT FORM

First & Last Name of CHILD:			
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:
Start date:	End Date:	Times & frequency:	
REASON:			
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.			
Date of authorization:		Signature (parent/guardian):	

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

*** Injections: Attach health care provider's written authorization.**

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:	YES	NO
Is the medication consent form complete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full name of the child on the container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the prescription or over-the-counter medication current?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?	<input type="checkbox"/>	<input type="checkbox"/>
Staff initials: _____		

Please use the second page to document administration of the medication.

(Reverse side of Medication Permission Form)

IMPORTANT INFORMATION ABOUT
ADMINISTERING MEDICATION TO YOUR STUDENT

If your child needs prescription medication administered to them while in school, or if you wish the nurse to be able to dispense over-the-counter medications, please make sure that the form on the reverse side is properly and completely filled out and signed for the current school year. **A new form must be signed every year.**

All prescription medication must be in the original container as prepared and labeled by the pharmacist, including the date dispensed and date of expiration, patient's name, name of the medication, dosage, and time(s) to be dispensed. Tylenol, Advil, Mylanta, Benadryl, cough drops, and all other over-the-counter medications and ointments must be in the original packaging showing directions, dosages, compound contents, and proportions. All over-the-counter medications must be supplied to the nurse by the parent. The medication you supply will be labeled with your child's name for use by your child only. **Stock supplies of any type of over-the-counter medications are not provided by the Diocese.**

Student misuse of self-administered medication can cause illness, side-effects, and/or seizure. For their safety, students **may not have any** prescription or over-the-counter medications in their possession **unless a signed physician's statement is presented indicating the necessity for a student to self-administer his/her medication.** Students found to have prescription or over-the-counter medications in their possession will face disciplinary action.

It is not a practice of the Diocese to buy and hand out cough drops to students. However, we understand that there may be special cases where students may need to have cough drops. If your child needs to have cough drops for a persistent cough, please bring in the cough drops to the nurses office with the student's name on it.

Medications **cannot** be dispensed unless the signed form and appropriate medications are in the nurse's office. Please have the form in the school office no later than the first day of school. Thank you for your cooperation.