



Arlington Heights Nursery School  
*Established 1965*

<b>Child's Name</b> _____ <b>Date of Birth</b> _____
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## Medication Consent Form 2010 - 2011

**Name of Medication** \_\_\_\_\_

Medication name listed must **exactly** match the name on the packaging, including brand name if given.

**Please check one of the following**

- Prescription:
- Oral/Non-Prescription:
- Topical Non-Prescription (applied to open wound/ broken skin)
- Topical, Non-Prescription NOT applied to open wound / broken skin (requires parent signature only)

**Please check one**

- My child has previously taken this medication
- My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan

Dosage: \_\_\_\_\_

Date(s) medication to be given: from \_\_\_\_\_ to \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

- Unanticipated Non-Prescription for mild symptoms (administer as needed)

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner:  
 \_\_\_\_\_

**Child's Health Care Practitioner Signature**

\_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) authorize educator(s) at Arlington Heights Nursery School to administer medication to my child as indicated above and to contact my child's Health Care Practitioner if needed.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**