



Arlington Heights Nursery School  
*Established 1965*

<b>Child's Name</b> _____ <b>Date of Birth</b> _____
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**Medication Consent Form 2011 - 2012**  
(a separate form must be filled out for each individual medication)

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

State regulations require that medication brand name listed must **exactly** match the name on the packaging. For example, if the name of the medication listed on this form is Benadryl®, you may not bring in a generic substitute such as Wal-dryl®)

**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: \_\_\_\_\_ OR

This is an unanticipated non-prescription medication for mild symptoms (and should be administered 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**