

# Longwood Medical Area Child Care Center

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Commonwealth of Massachusetts  
Department of Early Education and Care

## MEDICATION CONSENT FORM      606 CMR 7.11 (2) (b)

Name of child:

\_\_\_\_\_

Name of medication:

\_\_\_\_\_

Please  $\surd$  one of the following:

Prescription: \_\_\_\_\_

Oral/Non Prescription: \_\_\_\_\_

Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_

Topical Non-Prescription (**applied to open wound/broken skin**) \_\_\_\_\_

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: \_\_\_\_\_

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

Reasons for medication to be given: \_\_\_\_\_

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

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

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Name and phone number of prescribing health care practitioner:

\_\_\_\_\_

**Child's Health Care Practitioner**

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

I, \_\_\_\_\_, (parent or guardian)  
give permission to authorize educator(s) to administer medication to my child as  
indicated above.

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

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

For topical, non-prescription **NOT** applied to open wound/broken skin (**parent signature only**)