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

Name of child: ____________________________________________

Name of medication: _______________________________________

Please √ 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: ____________________________________

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) gives permission
(print name)

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)
The Commonwealth of Massachusetts  
Department of Early Education and Care  

MEDICATION ADMINISTRATION RECORD  
(This record must be maintained in the children’s file when completed)  
606 CMR 7.11 (1-3)  

FOR STAFF USE:  
Who trained the staff? ____________________________  
Has the Medication Consent form been completed? ___  
Have the “5 rights” been addressed? _____  
Is the medication in a safety cap container? ____  
Is the original prescription label on the medication container? ___  
Is the name of the child given below on the container? ____  
Is the date on the prescription current (within the month for antibiotics and within the  
expiration date for medications which are so labeled; within the year otherwise)? ___  
Is the dose, name of drugs, frequency of administration given on the label consistent with  
parental instructions? ___  

Medication can be administered only if the answers to all questions above are “Yes”  

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>MEDICATION</th>
<th>DATE</th>
<th>TIME</th>
<th>MEDICATION</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>STAFF SIGNATURE</th>
<th>MISDOSES ERRORS</th>
<th>CHILD REFUSAL</th>
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Did you check the label 3 times? ________  
If child refused medication explain why? ____________________________________________  

SG/LG/SAMedicationAdministration20100122