

Emergency Medication Consent Form

Nerding Summer STEM Classes

Instructions:

Please place completed form and medication in a large, clear ziplock bag and give to your Teacher or Site Director.

First & Last Name of CHILD :			
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:
Start date:	End Date:	Times & frequency:	
REASON:			
<p>I give permission for the administration of the medication, according to the instructions listed, to the child listed above.</p> <hr style="border-top: 1px dashed black;"/>			
Date of authorization:		Signature (parent/guardian):	

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

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: _____		