

MEDICATION CONSENT FORM

I, \_\_\_\_\_ give permission to Burruss Family Child Care  
Parent/Guardian Name Provider Name  
to administer medication to \_\_\_\_\_ the following medication  
Child's Name

My child needs this medication for the following medical conditions: \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_ times in  
Date or Dates

the amount of \_\_\_\_\_ Side effects of this medication are \_\_\_\_\_

This medication was prescribed by \_\_\_\_\_  
Name of practitioner or dentist

at \_\_\_\_\_  
Phone number

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Medicine Check

Child's Name: \_\_\_\_\_

Type of medication: \_\_\_\_\_

- Medical consent form complete YES \_\_\_\_\_ NO \_\_\_\_\_
- Medicine in child proof container YES \_\_\_\_\_ NO \_\_\_\_\_
- Medicine has original label YES \_\_\_\_\_ NO \_\_\_\_\_
- Child's name is on medicine YES \_\_\_\_\_ NO \_\_\_\_\_
- Label and parent's instructions match YES \_\_\_\_\_ NO \_\_\_\_\_
- Written instructions from doctor YES \_\_\_\_\_ NO \_\_\_\_\_

I have checked YES to all the questions listed above. It is now safe to administer the medication.

Providers Signature: \_\_\_\_\_ Date: \_\_\_\_\_