

## Medication consent form and record sheet

Program name / logo

Name of child: \_\_\_\_\_

Date: \_\_\_\_\_

### I: To be completed by child's parent or guardian

I, \_\_\_\_\_ [parent or guardian's name], give permission  
for \_\_\_\_\_ [child's name] to be given the following  
medication by child care staff according to instructions stated below.

Parent/guardian's signature: \_\_\_\_\_

Name of medication: \_\_\_\_\_

\_\_\_\_\_

Amount(s) to be given: \_\_\_\_\_

\_\_\_\_\_

Dates(s) to be given [at child care]: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address and phone number for child care centre or home setting

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Storage: \_\_\_\_\_

\_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

My child received \_\_\_\_\_ [number] doses at home.

Are there any possible side effects from the medication? Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stop medication if the following reaction(s) is observed: \_\_\_\_\_

\_\_\_\_\_

**II: To be completed by child care practitioner  
when the medication is given**

Date	Time(s)	Amount	Given by (initials)

Comments: \_\_\_\_\_

\_\_\_\_\_

Name, address and phone number for child care centre or home setting