

Medication Consent Form

If your child's medication extends beyond the current week a new form must be filled out the following Monday. If your child is on two different medications, please fill a separate form for each medication.

Child's Name: _____

Parent's Instructions:

1. Medication must be in its original container
2. Must have a childproof cap
3. Labeled with the child's first and last name
4. Date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider
5. The name of the licensed health care provider
6. The expiration date of the medication or the period of use of the medication
7. The manufacturers instructions or the original prescription label that details the name and strength of the medication and instructions on how to administer and store it.
8. A physician's note is requires for all medication given to a child, including over-the-counter medication.

I give the staff at GeoKids permission to administer my child with the following medication:

Name of Medication: _____

Possible side effects: _____

			Dosage	Time	1st Dosage	Staff	2nd Dosage	Staff
					Given	Initials	Given	Initials
Dates to Administer Medication	M	/ /						
	T	/ /						
	W	/ /						
	Th	/ /						
	F	/ /						

I understand that the GeoKids staff will not be responsible for any effects resulting from the proper administration of this medication.

Parent/Legal Guardian Signature

Date

Staff Signature

Date