## Commonwealth of Massachusetts Department of Early Education and Care

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

Name of child:	наминентентивательного предоставления на принцентива на предоставления на пр
Name of medication:	
Please ✓ one of the following: Prescription:	Oral/Non-Prescription:
Unanticipated Non-Prescription for mild symptoms	manarii•
Topical Non-Prescription (applied to open wound/ bro	oken skin)
My child has previously taken this medication	-
My child has <b>no</b> t 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	e practitioner:
Child's Health Care Practitioner Signature	Date
I,	, (parent or guardian) gives permission
to authorize educator(s) to administer medication to	o my child as indicated above.
Parent/Guardian Signature For topical, non-prescription NOT applied to open wour	Date
ror topical, non-prescription <b>NOT</b> applied to open wour	id / broken skin (parent signature only)