



**KIDZ CARE
MEDICATION CONSENT FORM**
(please complete one form for each medication)

Medication will be administered ONLY with prior written consent of parent/guardian. All medications must be checked in daily with the director.

Child's Name: _____

Name of medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Instructions: _____

Directions for storage: _____

I, _____, (parent or guardian) give permission to authorize staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

