



## Medication Consent Form

Child's Name: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_  
 Program / Teacher: \_\_\_\_\_  
 Prescribing Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medication Information (completed by the doctor):**

Name of Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Dosage Amount: \_\_\_\_\_ Method of administration: \_\_\_\_\_  
 Time to be given: \_\_\_\_\_ Day(s) to be given: \_\_\_\_\_  
 Possible side effects to watch for with this medication may include: \_\_\_\_\_  
 Refridgerate? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_, give permission to Hoffman Estates Park District staff  
(Parent Name)  
 to administer \_\_\_\_\_ of \_\_\_\_\_ to my child  
(amount / dose) (name of medication)  
 \_\_\_\_\_, at approximately \_\_\_\_\_  
(Child's Name) (time)  
 on \_\_\_\_\_ for \_\_\_\_\_.  
(Date) (reason for medication)  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

All prescription medications must be in the original pharmacy labeled bottle and can only be administered if the answers to all the questions below are "yes".

1. Is the consent from above completed? YES / NO
2. Is the medication in a safety cap container? YES / NO
3. Is the original label on the medication container? YES / NO
4. Is the child's name on the medication container? YES / NO
5. Is the date on the prescription current? YES / NO
6. Is the medication's name, dose, and frequency of administration on the label consistent with parental instructions given above? YES / NO

**MEDICATION LOG – To be completed at each administration of the medication**

Date	Time	Medication Name	Dosage	Signature of Staff

\*\* Only staff trained on administering the prescription may give the prescription to the child. Staff trained on the prescription are: \_\_\_\_\_