

ARIZONA DEPARTMENT OF HEALTH SERVICES
Office of Child Care Licensing

MEDICATION CONSENT FORM

Re: _____
(first and last name of child)

I, _____, give permission
(parent/guardian)

to administer _____ of _____
(dose) (name of medication)

by _____
(Method of giving dosage)

RX# _____ to my child at _____
(time/frequency)

from _____ to _____ for _____
(date) (date) (reason for medication)

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

* Injections: Attach physician's written authorization.

(signature of parent/guardian) (date)

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:		YES	NO
Is the medication consent form complete?			
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?			
Is the full name of the child on the container?			
Is the prescription or over-the-counter medication current?			
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?			
Staff initials: _____			

Please use the second page to document administration of the medication.

