

Commonwealth of Massachusetts  
Department of Early Education and Care

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

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Please ✓ one of the following: Prescription: \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_

Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_

Topical Non-Prescription (applied to open wound/ broken skin) \_\_\_\_\_

My child has previously taken this medication \_\_\_\_\_

My child has not 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 practitioner:  
\_\_\_\_\_

Child's Health Care Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) gives permission  
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)

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**MEDICATION ADMINISTRATION RECORD**

(This record must be maintained in the children's file when completed)  
 606 CMR 7.11 (1-3)

**FOR STAFF USE:**

- Who trained the staff? \_\_\_\_\_  
 Has the Medication Consent form been completed? \_\_\_\_  
 Have the "5 rights" been addressed? \_\_\_\_  
 Is the medication in a safety cap container? \_\_\_\_  
 Is the original prescription label on the medication container? \_\_\_\_  
 Is the name of the child given below on the container? \_\_\_\_  
 Is the date on the prescription current (within the month for antibiotics and within the  
 expiration date for medications which are so labeled; within the year otherwise? \_\_\_\_  
 Is the dose, name of drugs, frequency of administration given on the label consistent with  
 parental instructions? \_\_\_\_\_

**Medication can be administered only if the answers to all questions above are "Yes"**

**CHILD'S NAME** \_\_\_\_\_ **MEDICATION** \_\_\_\_\_

<u>DATE</u>	<u>TIME</u>	<u>MEDICATION</u>	<u>DOSE</u>	<u>ROUTE</u>	<u>STAFF SIGNATURE</u>	<u>MISDOSES ERRORS</u>	<u>CHILD REFUSAL</u> <input checked="" type="checkbox"/>

Did you check the label 3 times? \_\_\_\_\_

If child refused medication explain why? \_\_\_\_\_