- Fill out consent form completely
- Medication needs to be in original container
- Enclose medicine & this form in a Ziploc bag (labeled with name & grade)
- One medication per form & per bag

MEDICATION CONSENT

Child's Name_____Grade____Date_____

Please fill out the following information regarding your child's medication:

Name of Medication_____
Dosage_____
How Given (please circle) Mouth Ear Eye
Date and Time to be Given _____AM_____PM
Possible Side Effects to Watch For_____
Any Additional Information_____
_____

For Office Use Only:

MEDICATION LOG

DATE	TIME	DOSAGE

DATE	TIME	DOSAGE