



## Plan of Care-

# Prescription Medication Consent Form

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This form authorizes program staff to administer prescription medication to a child while participating in the program. Prescription medications may only be administered when this form is fully completed and supported by original medication labeling and required documentation.

### Student Information:

Student Name	
Date of Birth	
Age	
Program Site / Location	
Date Plan Completed	
Review Date	

### Parent / Guardian Information:

Parent/Guardian Name:	
Phone Number:	
Emergency Contact (if different):	

### Prescription Medication Information:

Medication Name:	
Reason for Medication:	
Dosage (exact amount):	
Time(s) to be Administered:	
Route of Administration: <input type="checkbox"/> Oral <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Injection <input type="checkbox"/> Other (Please describe):	
Possible Side Effects / Special Instructions:	

### Medication Schedule:

Start Date:	
End Date:	

### Required Documentation

- Medication must be provided in its original pharmacy container with the original prescription label.
- The label must match the medication name, dosage, and instructions listed above.
- Program staff may not administer medication if the information does not match or is incomplete.

## Authorization and Consent

I give permission for trained program staff to administer this prescription medication to my child exactly as prescribed. I understand that staff are not medical professionals and that medication will not be administered outside of the instructions provided. This authorization may be revoked in writing at any time.

### Signatures:

Parent/Guardian Signature:	
Date:	

Staff Receiving Form:	
Date received:	
Staff Administering Medication:	