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)

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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:_____

DATE	NAME OF MEDICATION	RX#	DOSE	TIME	FULL SIGNATURE-AUTHORIZED STAFF PERSON

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