



Written Medication Consent Form

10 Days Permission



- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.
- Medication to be administered 10 days or less OR for non-prescription topical medication including sunscreen, diaper ointment or insect repellent.

1. Child's first and last name:		2. Date of birth:	3. Child's known allergies:
4. Name of Medication/active ingredient (including strength): Date Medication Expires: _____ (check for age appropriate over-the-counter medication) <input type="checkbox"/>		5. Amount/dosage to be given:	6. Route of administration:
7A. Frequency: _____ or Specific TIME(s): _____ to administer Parent's signature approving Specific Time(s) _____ <i>OR – AS NEEDED</i>			
7B. Identify the symptoms that will necessitate administration medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____			
8. Date consent form completed:	9. Date to be discontinued or length of time in days to be given		

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

10. I, parent/legal guardian, authorize the child day care program to administer the medication as specified on this form to (child's name)	
11. Parent or legal guardian's signature:	12. Date authorized:

CHILD DAY PROGRAM TO COMPLETE THIS SECTION

13. Provider/Facility name: Little Acorn Patch	14. Facility telephone number: 703-822-0803	15. County Fairfax
16. My signature indicates that all information needed to give this medication has been given to the child day program.		
17. Authorized child care provider's signature:	18. Date received from parent:	

ONLY COMPLETE THIS SECTION IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED

19. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____ . Once the medication has been discontinued, I understand that if my child (date) requires this medication in the future, a new written medication consent form must be completed.
20. Parent or Legal Guardian's Signature:



Written Medication Consent Form

Greater than 10 Days Permission

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED

- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.
- The child's health care provider **MUST** complete #21 through #32 for Long-Term medications or when dosage directions state "consult a physician."

21. Possible side effects: ☐ See package insert (parent must supply) *AND/OR* additional side effects:

22. What action should the child care provider take if side effects are noted:

- ☐ Contact parent ☐ Contact prescriber at phone number provided below ☐ Other (describe):

23. Special instructions: ☐ See package insert (parent must supply) *AND/OR* additional special instructions:
(Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.)

24. Reason the child is taking the medication (unless confidential by law):

25. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected last 12 months or more and require health and related services of a type or amount beyond that required by children generally? ☐ No ☐ Yes If yes, complete #27-#32 on this form.

26. Are the instructions on this consent form a change in a previous medication as it relates to the dose, time or frequency the medication is to be administered? ☐ No ☐ Yes If you checked yes, complete #27-#32 on form.

27. Describe any additional training, procedures or competencies the child day program staff will need to care for this child. _____

28. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.

DATE:

By completing this section the child day program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

29. Date consent form completed:

30. Date to be discontinued (this date cannot exceed 6 months from the date authorized or this order will not be valid):

31. Licensed Authorized Prescriber's Signature:

32. Prescriber's telephone number: