

# HAPPY HOLLOW SCHOOL

## MEDICATION CONSENT FORM

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

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

Prescription: \_\_\_\_\_ Non-Prescription: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Name and phone number of prescribing physician:

\_\_\_\_\_  
\_\_\_\_\_

Directions for storage: \_\_\_\_\_

**I, \_\_\_\_\_, (parent or guardian) give permission  
to authorized staff member(s) to administer medication to my child as indicated above.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Doctor's Signature: \_\_\_\_\_

(for non-prescription medication)