

Form J—Medication consent release

Medication consent and record for _____

child's name

Parent complete this section

I give permission to administer medication to my child as stated below:

Provider complete this section

Date	Parent's signature	Name of medication/ possible side effects to watch for	To be given		Amount each dose and how given (by mouth, nose, ear, to skin)	Keep in fridge (Y/N)	Safety check – done	Time given	Initials	Date	Reaction/ notes
			Date	Time							

- Safety check:
1. Child-resistant container
 2. Original prescription or manufacturer's label
 3. Name of child on container
 4. Current date on prescription/expiration date visible and not expired
 5. Name and phone number of licensed health professional that ordered medication on container or on file

Adapted from *Model Child Care Health Policies*, June 1997, by the Early Childhood Education Linkage System (ECELIS), a program funded by the Pennsylvania Dept. of Health and Public Welfare and contractually administered by the PA Chapter, American Academy of Pediatrics.