FOR PARENT/GUARDIAN:
Beginning on today’s date ________________ and until further notice, I give authorized WCCC staff
permission to administer _________________________ to my child,________________________________
(name of medication)

Name of Medication______________________ This is a Prescription medication____
My child has previously taken this medication ______ (yes or no)

Name of Medication______________________ This is a Non-prescription medication____
My child has previously taken this medication ______ (yes or no)

My child has NOT previously taken this medication, but this is an emergency medication and I give permission
to WCCC’s staff to give this medication to my child in accordance with her/his Individual Health Care Plan.

**Parent Signature _____________________________________________

FOR STAFF USE:
Has the Medication Consent form been completed? _____ Have the “5 rights” been addressed? _____
Is medication in a safety cap container? ____ Is original prescription label on the medication container? _____
Is the name of the child given above on the container? ______
Is the prescription current (within the expiration date for medications, which are so labeled; within the year
otherwise?) ______
Is the dose, name of drug, frequency of administration given on the label consistent with parental instructions
given above? ______
Did you check the label 3 times? ______
For non-prescription medication: Do we have signed physician’s permission on file? ______

Medication can only be administered if the answers to all above questions are “Yes.”

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<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>MEDICATION</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>STAFF SIGNATURE</th>
<th>MISDOSES ERRORS</th>
<th>CHILD REFUSAL</th>
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If child refused medication explain why? ____________________________________________________________
8/4/2016