

MEDICATION CONSENT FORM
102 CMR 7.05(2)(c)

This form must be signed by a licensed physician.

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:
