



Medication Information And Consent Form

To be completed by Parent/Guardian- one for each medication

Childs Name:	Medication:
Doctors Name:	

Reason for Medication:

Prescription Drugs:

We will give these exactly as shown on the label only:

Dose:	Method of Administration:

Schedule of Administration

Start on:	Times of Day:
Last Day:	
Other instructions:	
Side effects to be aware of:	

I authorize North Hastings Children's Services to administer the medication named above to my child and I certify that the instructions given are as recommended by a physician.

Date

Parent/ Guardian Signature

Executive Director Signature