LIVING ROCK ACADEMY MEDICATION CONSENT FORM

Name of child:	
1. Name of medication:	Dosage:
Prescription: Non-Prescription:	
Times medication to be given:	
Reason for medication:	
Possible side effects:	
Directions for storage:	
2.Name of medication:	Dosage:
Prescription: Non-Prescription:	
Times medication to be given:	
Reason for medication:	
Possible side effects:	
Directions for storage:	
3. Name of medication:	Dosage:
Prescription: Non-Prescription:	
Times medication to be given:	
Reason for medication:	
Possible side effects:	
Directions for storage:	
Over>	

, (parent or guardian) give permission to	
authorized staff member(s) to administer medication to my child as indicated above.	
	Parent/Guardian
Name & Signature Emergency Contact Number	
For Nurses Use Only Medication Given	
Medication-Time-Date- Given By	