

**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---->

