



Medication Consent Form

Circle: Prescription/Non-Prescription

Date: _____

Student's Full Name: _____

Name of Medication: _____

Dosage: _____

Time(s) of administration: _____

Any special instructions (take with food, on an "as needed" basis, etc):

Start Date of Prescription/Non-Prescription Medication:

End Date of Prescription/Non-Prescription Medication:

Possible side effects:

Storage Instructions: _____

Name of Prescribing Physician: _____

Physician Phone Number: _____

I hereby release **Missing Links** from any liability from administering this medication.

(Parent Signature)

(Date)

*All prescription Medication must be in the original container clearly labeled with the child's name and dispensing instructions.