



Lake Stevens
CHRISTIAN DAYCARE
and Preschool

MEDICATION CONSENT

Child's Name: _____ **Date of Birth:** _____ **Age:** _____

Reason for medication: _____ **Date initiated:** _____

Name of medication: _____

Time to be administered: _____ **Dosage:** _____

How is the medication to be stored: _____

How is the medication to be administered: _____

Medication Start date: _____ **Stop date:** _____

Expected side effects: _____

Comments: _____

Prescription and non-prescription medications may only be administered in accordance with Instructions on label.

I authorize Lake Stevens Christian Daycare & Pre-School members to administer the medication listed above. I understand that this authorization is to remain in effect only for the number of days stated on the prescription medication bottle or until the recommended stop date on non-prescription medication.

Parent / Guardian signature: _____ **Date:** _____

Date	Time	Medication	Dose	Given By
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____