

MEDICATION ADMINISTRATION AND CONSENT FORM

TO BE COMPLETED IN INK ONLY

Child's Name: _____

Medication: _____

Dosage: _____

Signs & Symptoms Indicating an Allergic Reaction Requiring Medication: _____

Special Instructions (e.g. to be taken with food): _____

Allergy Emergency Plan: Administer Prescription Medication Call 911 Call Parents
 Other (please be specific): _____

Please read carefully:

PARENT CONSENT

I, _____, parent/guardian of _____, hereby give my consent to the teachers of Campus Pre-School, to administer my child's prescription medication in case of emergency, in accordance with the instructions and Allergy Emergency Plan written on this MAC Form. I have discussed my child's Allergy Emergency Plan with my child's teacher.

Signature: _____ Date: _____

To be completed by staff at the time medication is given:

Date	Time	Medication	Dosage	Staff Signature