



EARLY CHILDHOOD PROGRAM
Form 15 - EMERGENCY MEDICATION CONSENT

FOR PARENT/GUARDIAN:

Beginning on today's date _____ and until further notice, I give authorized WCCC staff permission to administer _____ to my child, _____
 (name of medication)

Name of Medication _____ This is a Prescription medication _____
 My child has previously taken this medication _____ (yes or no)

Name of Medication _____ This is a Non-prescription medication _____
 My child has previously taken this medication _____ (yes or no)

My child has NOT previously taken this medication, but this is an emergency medication and I give permission to WCCC's staff to give this medication to my child in accordance with her/his Individual Health Care Plan.

****Parent Signature _____**

FOR STAFF USE:

Has the Medication Consent form been completed? _____ Have the "5 rights" been addressed? _____
 Is medication in a safety cap container? _____ Is original prescription label on the medication container? _____
 Is the name of the child given above on the container? _____
 Is the prescription current (within the expiration date for medications, which are so labeled; within the year otherwise?) _____
 Is the dose, name of drug, frequency of administration given on the label consistent with parental instructions given above? _____
 Did you check the label 3 times? _____
 For non-prescription medication: Do we have signed physician's permission on file? _____

Medication can only be administered if the answers to all above questions are "Yes."

DATE	TIME	MEDICATION	DOSE	ROUTE	STAFF SIGNATURE	MISDOSES ERRORS	CHILD REFUSAL

If child refused medication explain why? _____
 8/4/2016