## **Tanque Verde Extended Care**

## **MEDICATION CONSENT FORM**

First & Last Name of <b>CHILD</b> :							
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:				
Start date:	End Date:	Times & frequency:					
REASON:							
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.							
Date of authorization:	Signature (parent/guardian):						
POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:							
* Injections: Attach health care provider's written authorization.							
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DATE	NAME OF MEDICATION	RX#	DOSE	TIME	STAFF SIGNATURE
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DATE	NAME OF MEDICATION	RX#	DOSE	TIME	STAFF SIGNATURE