



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."

Table with 8 columns: DATE, TIME, MEDICATION, DOSE, ROUTE, STAFF SIGNATURE, MISDOSES ERRORS, CHILD REFUSAL. The table contains 8 empty rows for recording medication administration.

If child refused medication explain why? \_\_\_\_\_