

BEDFORD RECREATION KIDS' CLUB

2022-2023 Medication Consent Form

MA Department of Early Education and Care, 606 CMR 7.11(2)

Child's name: _____ Grade (as of Sept. 2022): _____

Name of medication: _____

Prescription Non-Prescription Non-Prescription, Oral
(unanticipated, for mild symptoms)

My child has previously taken this medication: Yes No

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for authorized Kids' Club staff to give this medication to my child in accordance with his/her individual health care plan (IHCP): Yes No

Medication Dosage: _____

Date(s) medication to be given: _____

Time(s) of day medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name of Prescribing Physician/Lic. Practitioner:

(please print) Phone: _____

Signature of Prescribing Physician/Lic. Practitioner:

Date: _____

I, _____,
(please print) give permission to authorized Kids' Club staff

member(s) to administer medication to my child as indicated above.

Signature of Parent/Guardian: _____ Date: _____

