



Medication Consent Form

Child's Name _____

Parent / Legal Guardian Name _____ Phone _____

Prescribing Doctor's Name _____ Phone _____

Medicine Name _____ Expiration Date _____

Dose _____ Time _____

Dispensing & Storage Instructions _____

Refrigerate? Yes _____ No _____

Possible side effects to watch for with this medication may include _____

All prescription medications must be in the original pharmacy labeled bottle, contain the child's name on the container label, contain current prescription date, and include instructions consistent with parental instructions given above.

WAIVER AND RELEASE OF ALL CLAIMS

I herby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Village of Lake in the Hills staff administrating medication to my minor child, I do herby fully release or discharge the Village of Lake in the Hills , and its officers, agents, volunteers and employees from any and all claims from injuries, damages, and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Parent / Legal Guardian Signature _____ Date _____

