Consent/Release for Prescription or Over-the-Counter Medication at School

Today's Date: _____

Child Name: _____ **Date of Birth** _____/_____/_____

Parent / Guardian: _____

Emergency Phone Numbers: Parent/Guardian _____
(See emergency contact information for alternate contacts if parents are unavailable)

Primary Health Care Provider: _____

Phone #: _____

To be completed by the Healthcare Provider/Physician

(1) Medication (Rx or OTC) _____

Dose _____

Directions_____

Administration Time _____

Route _____

Diagnosis _____

Possible Side Effects _____

Duration: Start: _____ **Stop:** _____

Special Instructions: _____

(2) Medication (Rx or OTC) _____

Dose _____

Directions_____

Administration Time _____

Route _____

Diagnosis _____

Possible Side Effects _____

Duration: Start: _____ **Stop:** _____

Special Instructions: _____

Healthcare Provider: My signature provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state and federal laws and regulations.

Health Care Provider Signature: _____

Date: _____

To be completed by the Parent/Guardian

I have developed this health plan in partnership with my child's healthcare provider and Head Start staff. I will communicate any changes in my child's identified health condition or treatment to Head Start staff as changes occur.
Effective _____Expires _____This plan will be reviewed and updated annually.

As the parent/legal guardian of _____(Child's Name), I _____(Parent/Guardian name) give my Permission for OVEC Staff to administer medication as stated in this plan. I further release OVEC and its employees from any claims or liability connected with its reliance on this permission

Parent/Guardian (print name) _____

Parent/ Guardian Signature _____
Date: _____

To be completed by Staff after being trained

By signature, staff acknowledges education by parent or guardian on condition(s) and requirement of routine care and/or medication if needed.

(All staff in center must be trained):

Staff Signature _____ Date: _____

Staff Signature _____ Date: _____

Staff Signature _____ Date: _____

Staff Signature _____ Date: _____

Staff Signature: _____Date: _____