



**PARENT MEDICATION CONSENT FORM**

I, (Parent or Guardian Name) \_\_\_\_\_,  
authorize Footsteps Child Care to administer to my minor child (Child's Name),

\_\_\_\_\_

the following medication or medications:

**NAME OF MEDICATION:** \_\_\_\_\_

**REASON FOR MEDICATION** \_\_\_\_\_

**START DATE (S):** \_\_\_\_\_ **STOP DATE(S)** \_\_\_\_\_

**DOSAGE:** \_\_\_\_\_

**TIME OR TIMES:** \_\_\_\_\_ AM PM \_\_\_\_\_ AM PM

**METHOD OF USE OR LOCATION ON BODY:**

\_\_\_\_\_

**NAME OF MEDICATION:** \_\_\_\_\_

**REASON FOR MEDICATION** \_\_\_\_\_

**START DATE (S):** \_\_\_\_\_ **STOP DATE(S)** \_\_\_\_\_

**DOSAGE:** \_\_\_\_\_

**TIME OR TIMES:** \_\_\_\_\_ AM PM \_\_\_\_\_ AM PM

**METHOD OF USE OR LOCATION ON BODY:**

\_\_\_\_\_

**NAME OF MEDICATION:** \_\_\_\_\_

**REASON FOR MEDICATION** \_\_\_\_\_

**START DATE (S):** \_\_\_\_\_ **STOP DATE(S)** \_\_\_\_\_

**DOSAGE:** \_\_\_\_\_

**TIME OR TIMES:** \_\_\_\_\_ AM PM \_\_\_\_\_ AM PM

**METHOD OF USE OR LOCATION ON BODY:**

\_\_\_\_\_



