

- This form must be completed in English.
- One form must be completed for each medication. **Multiple medications cannot be listed on one consent form.**
- **Parent MUST complete #1-#17 and #19-#22 for medication to be administered 10 working days or less.** Parent may omit #16 and #17 for over-the-counter medications, sunscreen & topically applied insect repellent.
- **Health care provider MUST complete #1-#18 for medication to be administered more than 10 working days, nebulizer or epinephrine auto-injector medication, and when dosage directions state “consult a physician”.** Parent must also complete #19-#22 in these cases. Health care providers do not need to complete this form for over-the-counter medications/products applied to the skin.

1. <b><u>CHILD’s first and last name:</u></b>	2. Date of birth:	3. Child’s known allergies:
4. <b><u>Name of MEDICATION</u></b> (including strength): Babyganics SPF 50 Kids Sunscreen UVA UVB Protection Octinoxate & Oxybenzone Free   Water Resistant	5. <b><u>Amount/DOSAGE to be given:</u></b> As needed	6. <b><u>ROUTE of administration:</u></b> Spray
7A. <b><u>FREQUENCY:</u></b> As needed _____ or <b><u>Specific TIME(s)</u></b> (e.g. 1p.m.): _____ <b><u>to administer</u></b> <i>Parent’s signature approving Specific Time(s)</i> _____ <b>OR</b>		
7B. Identify the <b><u>symptoms that will necessitate administration</u></b> of medication: (signs and symptoms must be observable and, when possible, measurable parameters). Outdoor playtime		
8. <b>Possible side effects:</b> <input checked="" type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> additional side effects:		
9. What action should the child care provider take if side effects are noted: <input checked="" type="checkbox"/> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided below <input type="checkbox"/> Other (describe):		
10. <b>Special instructions:</b> <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____		
11. <b>Reason the child is taking the medication</b> (unless confidential by law): For outdoor playtime during camp hours		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #25 and #27 on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #26 and #27 on the back of this form.		
14. <b><u>Date consent form completed:</u></b>	15. <b><u>Date to be discontinued or length of time in days to be given</u></b> (this date cannot exceed 12 months from the date authorized or this order will not be valid):	
16. <b>Prescriber’s name</b> (please print): N/A	17. <b>Prescriber’s telephone number:</b> N/A	
18. <b>Licensed authorized prescriber’s signature:</b> Required for long-term medications, nebulizer or epinephrine auto-injector medications and when dosage directions state “consult a physician”. Not required for over-the-counter medications/products applied to the skin.		