

PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19-#24):

19. If section 7a is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12 p.m.) y Yes y No y N/A
If no, write the specific time(s) Greenbush Child Caring, Inc. is to administer the medication:

20. I, parent/legal guardian, authorize Greenbush Child Caring, Inc. to administer the medication as specified in the "Licensed Authorized Prescriber Section" to _____
(Child's Name)

21. I understand that if the medication bottle/container label instructions for dose and frequency do not match the instructions provided on this consent form, I must provide an updated label by the date indicated by the prescriber in section #13 or this consent will no longer be valid.

22. Parent/Legal Guardian Name (please print): **23. Date Authorized:**

24. Parent/Legal Guardian Signature:

GREENBUSH CHILD CARING, INC. COMPLETE THIS SECTION (#25-#31)

25. Facility Name: Greenbush Child Caring, Inc. @ **26. Facility ID Number:** **27. Facility Telephone Number:** (518)

28. I have verified that sections #1 - #24 are complete. My signature indicates that all information necessary to safely administer this medication has been given to Greenbush Child Caring, Inc.

Authorized Child Care Provider's Name (please print): **30. Date Received From Parent:**

31. Authorized Child Care Provider Signature:

ONLY COMPLETE THIS SECTION IF THE PARENT REQUESTS TO DISCONTIUNE THE MEDICATION PRIOR TO THE DATE INDICATED IN SECTION #15

I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____.

(Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new medication consent form must be completed.

Parent/Legal Guardian Signature: