



Non-Prescription Medication Consent Form

Date: _____ Name of Client: _____

Woodview Program: _____

Please check the medications below that you are allowing Woodview staff to administer:

- Acetaminophen
- Ibuprofen
- Allergy Relief Medication: _____
- Cough Medicine: _____
- Stomach Relief/Remedy Medication
- Lice Shampoo/Care
- Medicated Throat Lozenges
- Other: _____

I/we understand the purpose of these medications and hereby give my/our permission for Woodview staff to administer these medications.

Parent/Guardian (signature) Relationship to Client Witness (signature)

Client over 12 years (signature) Witness (signature)

Verbal consent received from client/guardian indicated above.