Medication will not be given unless this form is completed in full

Medication Consent Form

Date _____

Child's Full Name _____

Child's date of birth _____

Medication details

Name of Medication _____

Date on Prescription Label _____

Purpose of Medication _____

Medication Prescribed by _____

Is the medication: Liquid Tablets Creams Other _____

If medication is an antibiotic has your child been absent for 24 hours from the time of the first dose? Yes No

Administration instructions

How should the medicine be administered? _____

What times is the medicine required? _____

What dosage/application is required? _____

Parents' Consent (Print name) _____

Parent Signature _____

Staff to complete

Does this medication require a risk assessment/care plan to be conducted for this child?

Yes No

Room Leader/Senior Staff Signature _____

June 2015

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Medication Consent Form

Medication log

Date	Time of last dose given at home	Dosage Given	Times Given	Staff Member Giving Medication	Witness (Room Leader or Senior Staff Member)