

Permission to Administer Medicine



- We are not able to administer medication to your child, if you do not complete and return this form.
- All medicine should be in original packaging with clear instructions and must be placed inside a clear sealed bag with own medicine spoon.
- Under no circumstances will members of staff administer medication against the will of a child.

To be completed by Parent/Guardian

Child's Name:..... Date of Birth:.....

Name/Type of Medication:..... Dosage:.....

Start of Prescription:..... End of Prescription:.....

Exact time of last dose:..... Allergy Management Plan completed? Yes/No

Any other relevant medical information (i.e.: Allergies, family medical history etc.):

Please explain why this medicine is being given and any symptoms we should be aware off:.....

PARENT/GUARDIAN TO READ AND SIGN:

I hereby consent to the Manager, or a delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.

Parent/Guardian Name:..... Signature:.....

Date:.....