

Medication Consent Form

Name of Child :		Date:				
Details of Medication:						
Date and time of last dosage :		Amount given at last dosage :				
Name of medication to be given	Time due	Dosage due	How to be administered			
PATENTAL / CARER CONSENT						
I sign to confirm the information given as last dosage to be correct and consent to the above medication to be administered in accordance with the above instructions.						
PrintSignature.....Date.....						
Contact details in case of an emergency						
Telephone.....Alternative contact number						
Details of administration of medication						
Date	Name of medication	Time	Dosage	Signature of staff member administrating medication	Staff witness signature	Parent/Carer signature Print and Sign

THE MEDICATION RECORD MUST BE SIGNED BY THE PARENT OR CARER AT THE END OF EACH SESSION