



Medication Consent Form
To be completed by parent / carer

Name of Child:		DOB:		Date:	
Name of Medication:		Strength of Medication:		Expiry Date:	
Prescribed By:			Dispensed Date:		
Is this medication ongoing?					
Is this medication to be taken up to a particular date? (If yes please state the date)					
Any specific requirements ? (e.g. before or after food, known side effects, storage requirements)					
Date & Time of Last Dosage:			Amount given at last Dosage:		
Day / Date Due:	Time(s) Due:	Dosage Due:	How to be administered: Syringe / Spoon		
Reason for Medication:					
PARENTAL / CARER CONSENT					
<i>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. I release Angels Childcare from any liability from administering this medication.</i>					
Print Signature..... Date.....Telephone.....					
Contact details in case of an emergency					

Details of administration of medication

Date	Name of Medication	Time	Dosage	Authorised person Signature & Print KJ/NT/BM/HP ONLY ADMINISTERING	Authorised person Signature & Print KJ/NT/BM/HP ONLY WITNESSING	Parent / Carer Signature, Print & Date

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