Medication Consent Form

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| --- | --- | --- |
| Child`s Name |  | Date |
|  |  |  |

Medicines can only be administered if they are stored in their original containers, clearly labelled and written permission obtained from the child’s parent/carer.

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| --- | --- | --- |
| Written instructions (by parent) | | |
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| Where the medicines can be located (stored) | | |
|  | | |
| Name of medicine |  | How often/what time is the medicine to be given? |
|  |  |  |
| Dosage to be given |  | Time of last dose given by parent |
|  |  |  |
| Extra information | | |
|  | | |

Administering Medication

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| --- | --- | --- | --- |
| Date and Time | Name of who administered the medication | Witnessed by (if appropriate) | Parents signature |
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