



Request To Administer Medication

Staff will only give medication as detailed below by the parent/carer and the parent/carer accepts full responsibility.

Name of Child:

Date of Birth:

Name of Parent/Carer:

Tel. No. Home:

Tel No: Work

I give permission for _____ (name of child) to be

given the following medication (name of Medication):

This should be given as follows:-

Dosage:

Time/Frequency:

Medication should begin on (date)

and end (date)

Signature of Parent/Carer

Date

Administration Record

Date	Name of Medicine	Required Dose	Time To Administer	Staff Sign When Administered	Parent Sign Acknowledgement