



Medication Consent Form

Name of Child:	Date:
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Reasons for Medication:

Date & Time of Last Dosage:	Amount given at last Dosage:
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Name of Medication to be given:	Time Due:	Dosage Due:	How to be Administered:

PARENTAL / 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. I release Angels Childcare from any liability from administering this medication.

Print Signature..... 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 administering medication	Staff witness signature	Parent/Carer Signature Print & Sign

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