



Medication Consent Form

Name of the Child:			
Type/Name of Medication:	Prescription #:	Dosage:	Route (method):
Start Date:	End Date:	Times & Frequency:	
Reason:			
Possible side effects to be aware with this medication:			
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.			
Date of authorisation:		Signature (parent/guardian)	

<p>FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:</p> <p>Is the medication consent form complete? Y/N</p> <p>Is the original prescription label on the medication container or pre-packaged and labelled for use by manufacturer? Y/N</p> <p>Is the full name of the child on the container? Y/N</p> <p>Is the medication in date? Y/N</p> <p>Is the does, name of drug, frequency of administration given on the label consistent with the instructions above? Y/N</p>

NB: Medicine can only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. As childcare providers we will keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day.

