



## Medication Consent Form

**Child's Full Name** <sup>(1)</sup> .....

### Guidance

- (1) : completed at drop-off / based on phone call
- (2) : completed when medication given
- (3) : if phone confirmation - sign to confirm consent given by phone
- (4) : sign to confirm aware of action taken

I give my permission for an appropriate member of staff to administer medication to my child as per the details noted below.

CONFIRMATION OF MEDICATION DETAILS <sup>(1)</sup>							ADMINISTRATION OF MEDICATION <sup>(2)</sup>			AWARE OF ACTION TAKEN <sup>(4)</sup>	
Date	Name of Medication	Dosage	Last Dose Given	Planned Time	Method of Consent	Print & sign Parent / Carer	Actual Time	Print & sign Staff	Witnessed by	Print & sign Team Leader	Print & sign Parent / Carer
					phone / in person Health/Care Plan Name of person consenting:						
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**NB. Medicines only to be administered by Team Leaders, Deputies, NVQ 3 (childcare) or above.**

			AWARE OF ACTION TAKEN <sup>(4)</sup>		
Date	Name of Medication	If medication not given, reason why?	Print & sign Team Leader	Print & sign staff	Print & sign Parent / Carer