

Parental agreement to administer medication

To be completed by parent / carers

Name of the child:

Date of birth:

If your child is not well enough to attend the session, they should remain at home.

Is the medication prescribed ?

What is medical reason for administering the medication?:

Name of the medication:

How long is the child expected to remain on medication for?:

Are there any side effects we should know about?:

Date dispensed:

expiry date:

Amount of dose to be administered and method:

Time of last dose:

*Time next dose is to be administered:

*Under what circumstances should medication be administered?:

Is there any other times medication may be required?:

Is there any circumstances where we should not administer medication?:

(** please delete as appropriate)

Please feel free to list over leaf any other information relevant to your child's needs.

Contact name and number in case of emergency: