MEDICATION CONSENT FORM



Name of child	Age & D.O.B.			
Reason for medication	Name of medicine			
Strength	Form of medication (syrup, drops, inhaler etc)			
Doctor who Prescribed medicine	Dosage			
Frequency (TIME NEEDED FOR FIRST DOSE)	Date the medicine was supplied by parent			
Storage procedures	Use before date			
Possible side effects	Staff receiving the child's medication			
IF YOUR CHILD HAS BEEN GIVEN THIS MEDICINE I TIME AND DOSAGE.	BEFORE ARRIVING AT GROVE VILLA CHILDCARE PLEASE GIVE			
Date	Time			
Special Notes				
 Notes Medicines must be in original container as dispensed Staff are not allowed to make any changes to the pr If a child (<i>especially under the age of two</i>) has not h home for the first 48 hours to ensure no adverse effective 				
I hereby give my consent for a qualified member of Grove V amount and at the times stated above and on the pharmac	/illa Childcare staff to administer the above medication to my child, in the y label/prescription box/bottle.			
SignedDate				
Please print name and relationship to child				
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<u>Note</u>

Repeat medicine - consent form.

• If there are any changes to the details listed on the Medication Consent Form a new form must be completed.

Date	Time	Medicine	Dosage	Staff Receiving Medicine	Staff giving medication	Staff giving medicine Signature	Witness signature	Parents signature

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