

Short Term Medical Consent & Administration Form

Name of Child:				Dates for administration – from/to:	
Name of medication:					
What is the medication for:					
Time, dose and frequency to be taken:					
Route of medication (oral, nasal, inhalation, topical etc):				Expiry Date:	
Details of medication already taken today or on-going basis:					
Any other relevant information including side effects which the child experiences:					
Date	Time	Dose	Staff Signature	Witnessed by	Parent Signature
Name of member of staff responsible for administering medication:					
As parent/carer I give permission for the above named child to be given this medication at the times and dosage stated.					
Signed:		(parent/carer)		Date:	