



Medication Consent Form

Date medicine to be given _____

Childs Name _____

Name of Medication _____

Reason for medication _____

Prescribed by (name of GP) _____

Last time medication has
been administrated _____

Medication given by
Parent/carer name _____

Time(s) to be administrated _____

Amount to be administrated _____

Signature of parent _____

(please take this form into nursery with the medication and hand to a senior member of staff)

Date received _____

Name of staff member _____

Form and medication checked by _____

ALL MEDICINES MUST BE IN DATE AND PRESCRIBED BY A MEDICAL PROFESSIONAL AND NOT USED FOR THE FIRST TIME AT NURSERY, IN CASE OF A REACTION.