

# Medication Form



## Old Earth School 2022-2023

This form must be completed by parent/carer prior to ***any*** type of medication being administered. Parent/carer can authorise a maximum 5 days on one medication form if administering at the same time.

### INFORMATION FROM PARENTS

Name of child:	<b>Date /Period to administer medication:</b>
DOB:	A maximum of 5 days can be signed for if administering at the same time. Parent/carer must fill a new form if times differ.
Class:	
Illness:	
Expiry Date Of Medicine:	

### CONSENT FROM PARENTS

I give consent for staff to give my child the following medication:	
Name of medication:	_____
Time of last dose?	_____
Dosage:	_____
Time to administer next dose? :	_____
Print name:	_____
Signature:	_____ Date:_____

### STAFF ADMINISTRATION OF MEDICINES

Member of staff administering:	_____	
Time:	_____	
Dosage:	_____	
Date:	Witness signature:	Staff member administering signature:

- Policy reviewed January 2022
- Policy update January 2023