

Permission to administer medicine form

Child's name:	Date of birth:
Child's address:	
Parent's contact no:	
Doctor's name:	Telephone no:
Address of surgery:	
Reason for medicine:	
Name of medicine:	Storage requirements:
Dosage:	
Times to be administered:	

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature: _____

Parent's name: _____

Date: _____

- Staff at the _____ setting will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.

If you have any concerns/queries, please contact the setting manager.