



1.15.2 Parental request for administration of medication

Name of child:	Date of birth:
Date:	Staff member:
Nature of condition or illness:	
Is this medicine to be used: Long term / short term (Please circle as relevant)	
Date medicine dispensed:	Expiry date:
Name of medicine (include all details as given on label): Where is medicine to be stored? Other information:	
State type of medication: Mixture preparation Ointment/cream Inhaler Other: (Please circle as relevant)	
Dosage:	Times to be given:
If it is a 'use as needed' medication please state symptoms to look for:	



Any precautions or side effects staff should be aware of?

I understand that staff cannot be held responsible for any problems which may arise from the administration of medicine when given in accordance with the above instructions.

I agree to inform staff immediately if there are any changes to the above details.

Signed Parent / Carer:

Date:

Key person / Senior staff member to complete the attached 'Administration of Medicine Record' each time medicine is administered.

Date medication ceased:

Signed parent/carer: