



# MEDICATION PERMISSION FORM

In the interest of children's safety and well-being, the centre shall only administer medication if it is in its original container with the dispensing label attached listing the child as the prescribed person, strength of drug and the frequency it is to be given.

Child's Full Name: \_\_\_\_\_

Medical Practitioner: \_\_\_\_\_

## MEDICATION:

Name of Medication \_\_\_\_\_

Date Prescribed \_\_\_\_\_

Expiry Date of Medication \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Storage Requirements \_\_\_\_\_

Time and Date of Last Dose Given \_\_\_\_\_

**I request that the above medication be given in accordance with the instruction below:**

Please complete table and list any detailed instructions in the box, e.g. thin layer, no of drops/mls/tablets, before or after food.

Date	Dosage	Frequency	Time of Next Dose	Method of Administration	Instructions/Comments

Parent's full Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

