

Appendix 4A – Administering Medication: Parental Permission Form

		DATE:	
PART A: DETAILS OF CHILD			
Surname		Forenames	
Address		Male/Female	
		Date of birth	
Reason for medication (condition/illness)			
Signs and symptoms displayed			
Does the child self-administer? <i>(please circle one)</i>		yes no <i>(if yes please detail below further information and where the medication will be stored)</i>	
PART B: CHILD'S MEDICATION DETAILS			
Name/type of medication and strength E.g. 500mg or 5mg/10ml <i>(as stated on the dispensing/product label)</i>			
Date medicine dispensed			
Form of the medicine E.g. capsule, tablet, liquid			
Quantity of medicine received			
Storage of medication			

Dosage		
Dosage instructions E.g., one tablet to be taken 3 times a day		
Time medication is to be administered If medication is to be administered 'as and when required' please indicate the signs, symptoms and/or conditions for giving medication.		
How long will your child take this medication for?		
When did your child last take this medication?		
Special precautions		
Possible side effects		
Medication to be held by <i>(please circle one)</i>	child	staff
Medication to be <i>(please circle one)</i>	self-administered by child	given by staff
Procedures to take in an emergency		

Please detail any other medication that the child is currently taking
Emergency contact details (two contacts must be provided)

First contact	
Name	
Relationship to child	
Telephone/mobile number	
Other contact number	
Address	

Second contact			
Name			
Relationship to child			
Telephone/mobile number			
Other contact number			
Address			
I declare that my child has no adverse affects to this medication			
Signature (person with parental responsibility)		Date	
I/We acknowledge that the above instructions will be carried out by a member(s) of staff who is authorised to administer the medication. We also accept responsibility to arrange for the collection of unused medication.			
Signature (person with parental responsibility)		Date	