

## Appendix 4A – Administering Medication: Parental Permission Form

		DATE:
<b>PART A: DETAILS OF CHILD</b>		
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>		
<b>PART B: CHILD'S MEDICATION DETAILS</b>		
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
<b>Procedures to take in an emergency</b>		

**Please detail any other medication that the child is currently taking**

**Emergency contact details (two contacts must be provided)**

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

<b>Second contact</b>	
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	
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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	
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