Permission to give medication

Record of medication given (for short-term medication)

All medication must be in the original container as dispensed by the pharmacy, which must show the child's name along with the prescriber's instructions for administering.

Child's Name	**DOB**
Reason for medication	
Name & type of medication	
Details of dosage	
Additional information	

- Members of staff will not administer medication to your child without a current authorisation.
- Members of staff will not administer medication against the will of the child.
- All medication will be administered under adult supervision. Staff will record full details of the medication administered below.

I give permission for a member of Knutz Club staff to administer the above medication as directed.

Parent/Carer Signature: _____ **Date:** _____

For staff use

Start date	Review date	End date	Location of medication

Day, Date & Time	**Dosage Given**	**Staff Name & Signature**	**Parent Informed**

File completed sheet in child's record.