

PRESCRIPTION MEDICINE ADMINISTRATION CONSENT FORM

This form must be completed each day the medication is required

CHILD'S NAME: _____

I authorise the following to be administered to the above named child by Fizzy Fish

Medicine to be taken: _____

Dosage: _____

When to administer the medicine: _____

Reason for medication to be given: _____

Doctor's name: _____

Doctor's telephone number: _____

I understand that whilst all best efforts will be made, Fizzy Fish will accept no responsibility whatsoever for omitting to administer this medicine or administering the medicine at a time different from that specified above.

Parent's signature: _____

Date: _____

Highlighted box to be used to record the last dose the parents administered

Date/time parent/guardian administered medication or treatment	Date/time medication or treatment administered by Fizzy Fish	Administrators initials when administered	Witness initials when administered	Parent/guardian initials confirming medicine/ treatment administered

Notes:

- Prescribed medicine must be in the original bottle with the child's name on
- Prescribed medicine must state the dosage to be given
- Parent must state when last dose was administered
- Staff must complete date and time medication was administered and initial the form.
- Witness to initial the form
- Parent to initial that they have been informed of the time the medication was given
- Completed form to be filed in child's file in filing cabinet.