**ADMINISTRATION OF MEDICATION - PARENTAL CONSENT FORM**

**Name of setting:**

**Child’s name: Date of birth:**

1. As a parent/carer with parental responsibility for the above named child, I confirm that they require the following medication.

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Time Given | Amount | How given |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. I give permission for the person/s named below to hold the medicines and assist/supervise my child to take them as detailed above.

3. I undertake to notify the setting in writing of any changes in medication.

3. In giving this permission I accept full responsibility for my child’s welfare.

Name and signature:

Date:

Relationship to the child:

For completion by the practitioner

1. I agree to hold the medication and assist/supervise the above-named child to take them as detailed above.

2. I agree to keep a written record of medication given.

Name and signature: Date

Original to be kept on child’s file, copy to parents.

*Please note: Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable. (See Statutory Framework for the Early Years 2017 - sections 3.45 and 3.46)*