

# Windmill Hill City Farm Children and Family Centre

## MEDICATION ADMINISTRATION CONSENT FORM

### CHILD'S INFORMATION

Child's Name:
Child's date of birth:
Name of parent/carer:
Doctor's name:
Doctor's address:
Doctor's telephone number:

### DETAILS OF MEDICATION

Diagnosis / Condition:
Name of prescribed medication:
Dosage:
How often and when:
At what time will they be having their dosage before coming to nursery:
Any other relevant information:

I \_\_\_\_\_ give permission for the three named staff members to administer the above medication to my child as stated on this form:

Staff members name:

Staff members name:

Staff members name:

**Signed (parent/carer)**

**Date**

**PTO for Administration of Medication Log**

