

friends on the hill

medication consent form

child's name			date of birth		
name of med	dication to be gi	iven			
strength of medication			scribing doctor .		
how medicine is to be stored					
expiry date of medicine					
possible side effects of medication					
signature of Parent/Carer					
date	dosage given	time of dosage	witness signature	signature of person administering medicine	

Medicine Returned on (date)	
Signed (by manager or deputy)	

last updated: 29 August 2024