Administering Medicine

Name of Child

Name of Medicine

Dosage

Date	Time given	By	Witnessed

My child has been prescribed _____ by his/her doctor. I give my consent that a dose of _____ shall be administered by _____ at _____o' clock.

Whereas staff will take every care to ensure that medicines are administered correctly, it is done on a voluntary basis and the decision and responsibility for the administration of medicines remains with the child's parents.

Signed _____
Print_____
Date_____