



ADMINISTERING DRUGS OR MEDICINES TO A CHILD

I Parent/carer of

Give permission for Playgroup staff to administer drugs or medication to my child whilst in their care.

Signed Parent/carer. Date

Signed Practitioner Date

Medicine Name	Dosage to be taken

Parent/Carer's consent to administer medication on that day. Signed and dated.	Dosage	Dosage given by staff member and time	Person administering medication and signature	Witness and signature	Date	Parent/Carer's signature on collection

Medicine/Drugs returned to parent/carer Yes/No Date _____

Signed Parent/Carer _____ Date _____

Signed Practitioner _____ Date _____