Medication consent form

This part is to be completed by the parent/caregiver:

Consent for medicines to be administered to: .....

Details of dosage, administering instructions, etc:

.....

.....

.....

Date to be administered from: ..... to: .....

Signed (parent): ..... Date: .....

Date	Time	Name of medicine	Dosage	Name of staff administering medicine	Signature of staff member	Signature of parent