**Medication Form**

**(One medication per form)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s first name:** |  | **Child’s surname:** |  |
| **Date of birth:** |  | **Date form completed:** |  |
| **Parent/ carer full name:** |  | **Parent/ carer contact number:** |  |

|  |  |
| --- | --- |
| **Declaration** | **I** **(parent/ carer) give qualified staff at Little Jungle permission to administer the medication stated below to my child** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of child’s condition/ illness:** |  | | **Time(s) to be administered at Little Jungle:** |  |
| **Medication Name/Type:** |  | | **Dosage required:** |  |
| **If prescribed, who by:** | 🞎 Pharmacist  🞎 Nurse | 🞎 Doctor  🞎 Dentist | **If not-prescribed, parent initials:** |  |
| **Has the label on the medication been cross checked against the information on this form** | 🞎 Yes | 🞎 No | **Period medicine is required to be taken (dates):** | From:  To: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff member name:** | **Staff member signature:** | **Parent / carer name:** | **Parent / carer signature:** |

**Medication administration:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Dosage** | **Staff member**  **(print name & sign)** | **Witness**  **(print name & sign)** | **Parent/ Carer**  **(print name & sign)** |
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