Hart Plain Church Pre-School & Daycare

Prescribed Medicines

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Child's Full Name: …………………………………………………………………… **D.O.B……………………………**

Name of Medication: ……………………………………………………………………………………………………

Dosage: ……….

………

Time of Dosage: ……

………

Any Special instructions? (Take with food, on, an, 'as needed' basis, etc.

………

Start date of Prescription: ……………………………… **Expiry date** ……………………………………….

Prescribed By DR………………………………………………………………………………………………………

Name of Pharmacy: ……………………………………………………………………………………………………..

Pharmacy Address ……………………………………………………………………………………………………..

Pharmacy phone Number……………………………………………….

Notes:

- **Medicines <u>Must</u> be in original container as dispensed by the Pharmacy clearly labelled with the child's name and dispensing instructions.**
- **Staff are not allowed to make any changes to the prescribed dosage on parental instruction**

I release……………………………………………… From any liability from administering this medication

I hereby give my consent for …………………………………or a qualified member of staff to administer the above medication to my child, the amount and at the time stated above.

Parent Signature………………………………………………………Date: ………………………..

Please print name …………………………………………… Relationship to child …………………………

Staff Signature ……………………………………………………………… **Date:** ………………………………….

Manager Signature …………………………………………………… **Date:** ………………………………….

Print Name…………………………………………………… (Manager)