

QUEENS PARK MONTESSORI DAY NURSERY
155 RICHMOND PARK ROAD, BOURNEMOUTH

MEDICATION PERMISSION FORM

Name of child.....

Date of birth.....

Date:.....

Name of medication:.....

Reasons for medication:.....

.....

Last dose administered:.....

Statement: I give permission for my child to be given the above medication at the times stated below.

Dose to be administered:.....

Times to be administered:.....

Name of parent.....

Signature of parent.....

Medicine seen and checked by level three qualified staff:

Name of staff member.....

Signature of staff member.....

Administered by:.....

Times administered:.....

Witnessed and signed by level three qualified staff:.....

Parent/carer acknowledgement of medication given:.....

Date:.....