

Medication Consent Form

I understand that SSG Services can only administer medication prescribed by a general practitioner. As the parent/guardian of the child named below I give my permission for the daily supervisor to administer the prescribed medication.

*Please note a separate form is required for all medication prescribed.
All medicines must be supplied in the original container.*

SSG Services cannot be held responsible for any reaction or side effects that a child may suffer as a result of taking the medication prescribed.

Please note that medication cannot be given by staff if this form is not clearly completed and signed by the parent/guardian.

Please speak to the supervisor if you have any further questions.
All administration of medication will be recorded on a 'Medicine Administration Log'

Child's Name:

Date of Birth:

Date medication began:

Date treatment ends

Name of Medication:

Dose required:

Frequency required:

Times medication to be administered:

Any known side effects

Name of Parent/Guardian:

Signature:

Date:

Medicine Administration Log

To be completed by the course supervisor upon administration of medicine/drugs and counter signed by parent to confirm acknowledgement of the medication given.

To be kept in medical box with the medication.

Name	
Confirmation of Medical Consent	

Date	Time	Dosage Given
Staff Member Administering		
Signed		
Parental Acknowledgement of Medication given		

Date	Time	Dosage Given
Staff Member Administering		
Signed		
Parental Acknowledgement of Medication given		

Date	Time	Dosage Given
Staff Member Administering		
Signed		
Parental Acknowledgement of Medication given		

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