



## Parental permission for the administration of medication

Full name of child	
Childs date of birth	
Name of medication	
Strength of medication	
Who prescribed medication	
Dosage to be given in the setting	
How should medication be stored	
Expiry date of medication	
Note any possible side effects that may be expected	
Date and time last dose was given	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Parkfield Montessori Pre-school staff to administer medicine in accordance with the setting's policy. I release Parkfield Montessori Pre-school from any liability from administering this medication.	
Signed (parent/carer): ..... Date: .....	Print name: ..... Relationship to child: .....

Form completed by:

Staff signature .....

Print Name .....