

## Consent for permitting the administration of medication in the absence of parent

All medications including inhalers must be clearly marked with the child's name. All medications must be in the original container and include the instruction leaflet if supplied.

Childs name:

Parent Name:

Parent phone:

Doctor's Name:

Doctors phone:

Date of first dose:

Date of last dose:

Which days do they need the medication?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Details of the medication

Name/type	
Expiry Date	
Dose	
Storage instructions	
What is it for?	
Special Instructions	

By signing this consent I give permission for medication to be given to my child.

Childs name	
Signed	
Your name	