**Cherubs and Imps**

**Medication Authorisation Form**

|  |  |
| --- | --- |
| **Childs Name**  |  |
| **Room** |  |
| **Date of birth**  |  |
| **Reason for medication**  |  |
| **Name of medication** (including brand if non-prescription) |  |
| **Exact dosage required** (checked against instructions on medication) |  |
| **Any specific** **requirements** (e.g. before/after food) |  |

**First Class Childcare**

|  |
| --- |
| **Date of medication required (or dates if multiple)**  |
| Mon | Tues | Wed | Thurs | Fri |
| **Time(s) of medication required**  |
| Mon | Tues | Wed | Thurs | Fri |
| **Time(s) medication was administered by**  |
| Mon | Tues | Wed | Thurs | Fri |
| **Witnessed by (Cherubs & Imps staff member** |
| **Acknowledged by (parent / guardian)** |

I hereby give my consent for the medicine(s) prescribed by my doctor to be administered to my child by a member of Cherubs and Imps staff in accordance with the details above.

It is my responsibility to ask for and retrieve the medication at the end of my child’s session.

Signed ……………………………………………. (Parent/guardian)

Date ………………………………

Parent/guardian name …………………………………………….

Parents/guardians remain responsible and accountable for any medicine administered on their behalf.

Under no circumstances will members of staff administer medication against the will of a child