**Medication Authorisation**

**I request that my child be given the medication below.**

**Child’s Name D.O.B.**

**Name of medication:-**

**Expiry date of medication:- Dispensing Date:-**

**Is medication labelled:-**

**Reason medication is being given:-**

**Signs indicating medication should be given:-**

**Dosage:-**

**Time medication should be given:-**

**Should medication be kept in the nursery or sent home Daily:-**

**From (Start) Date:- To (End) Date:-**

**When was medication last administered by parent:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date & Time** | **Parents Signature** | **Date &Time** | **Parents Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parent’s signature & Date:-**

**Medication received by & Date:-**