



MEDICATION PERMISSION FORM

Name					
Age Group					
Date of Birth					
Reason(s) for medication to be administered					
Name of medication (including brand if non-prescription)					
Child's own or Nursery's	Provided by Parent / Nursery's medication				
Exact dosage required (checked against instructions on medication)					
Any specific requirements (e.g. before/after food)					
Parental Signature (see permission statement below)	Date:				

Date					
Time of last dose					
Name of medicine					
Dosage given					
Time given					
Given by					
Witnessed by					
Parental Signature					

Date					
Time of last dose					
Name of medicine					
Dosage given					
Time given					
Given by					
Witnessed by					
Parental Signature					

The non-prescription medication named above may be administered after telephone permission from a parent or in an emergency