



# FERRING FUNTIME HEALTHCARE PLAN

## ADMINISTRATION OF MEDICATION – PARENTAL CONSENT FORM

**Child's Name:** ..... **Date of Birth:** .....

1. As a parent/carer with parental responsibility for the above-named child, I confirm that they require the following medication.

Medication	Time Given	Amount	How given

2. I give permission for the person/s named below to hold the medicines and assist/supervise my child to take them as detailed above.

3. I undertake to notify the setting in writing of any changes in medication.

4. In giving this permission I accept full responsibility for my child's welfare.

Name and Signature: .....

Date:..... Relationship to the child: .....

### For completion by the practitioner

1. I agree to hold the medication and assist/supervise the above-named child to take them as detailed above.

2. I agree to keep a written record of medication given.

Name and signature: ..... Date: .....

Original to be kept on child's file, copy to parents.

*Please note: Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable. (Early Years Foundation Stage Framework 3.46 2014)*