

ASPIRE  CHILDCARE PROJECT
'Little steps to a big future'

CHILD MEDICATION AUTHORISATION FORM

NAME:

MEDICATION TO BE TAKEN:

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REASON FOR MEDICATION:

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DOSAGE/APPLICATION:

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CONDITIONS:

- Your child's prescribed drugs will be kept in a safe and secure place.
- If a child is taking a drug not prescribed by a doctor, staff are unable to allow the child to take the drug. Your child is not permitted to carry such a drug on their person.
- Aspire Childcare Project Staff are not permitted to administer any prescribed medication to a child, however, your child will be supervised whilst they take the medication.
- Staff will remind your child to take his/her medication, however, we cannot pressure your child to take the medication if he/she chooses not to. Parent/Carers will be informed if their child does not take a prescribed medication.

I have read, agreed and fully understand the Aspire Child Care Project conditions on the administration of children's medication. I give consent to Aspire Childcare Project staff to give my child the prescribed medication.

Name of child

Name of Parent/Carer (please print)

Signed

Date

Witnessed by (Staff).....

