

# HAPPY LITTLE PEOPLE

## PRESCRIBED MEDICATION CONSENT FORM

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prescribed Medication \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Date of first dose of medication: \_\_\_\_\_

Date and dose of the medication last administered by the parent: \_\_\_\_\_

Date due to complete the course of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Please list any other medication that your child is currently using, and state if this has been prescribed or purchased over the counter (OTC) \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? YES/NO Please state: \_\_\_\_\_

Please list any special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### I CONFIRM THAT

- This is not the first dose of this medication that my child has had.
- I authorised the staff at TASC to support my child to administer this medication
- I have been issued or accessed a copy of the administration of medication policy
- I understand that all medication will be stored appropriately and administration will be logged

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

THE MEDICATION WAS RETURNED TO PARENT/CARER ON \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_