

Mr H Out of School Administering Medicine Record

Child's Name	Date of Birth
Date this is completed (today's date)	Prescribed medicine <input type="checkbox"/> Over-the-counter medicine <input type="checkbox"/>
Name of medication (full title) Dosage and frequency	
Reason for requiring medication	
Parent Confirmations I confirm that the medication supplied is in the original container. I confirm that my child has already had one dose of this medication and has not suffered any untoward reactions. <input type="checkbox"/>	
I give consent for Mr H Out of School staff to administer the above medication, at the stated dosage and frequency, to my child. <input type="checkbox"/>	
Parent's Signature: _____	
Childminder Checks	
Prescribed medication	Over-the-counter medication
In original box or bottle <input type="checkbox"/>	In original box or bottle <input type="checkbox"/>
Has original pharmacy label <input type="checkbox"/>	Labelled with child's name <input type="checkbox"/>
Child's name correct <input type="checkbox"/>	Dose <input type="checkbox"/>
Child's date of birth correct <input type="checkbox"/>	Medicine is in date <input type="checkbox"/>
Dose <input type="checkbox"/>	
Medicine is in date <input type="checkbox"/>	

Date			Last dose given by parent/carer		
Dosage Given		Time	Mr H Staff Sign		Parent Sign

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