

Prescribed Medicine Permission



Child's name: _____

Date of birth: _____

Date of permission: _____

Name of medication: _____

Dosage required: _____ Time of dosage(s): _____

Special instructions (take with food, on an "as needed" basis, etc):

Notes:

- Medicines must be taken at home for a minimum of 24 hours before child returns to playgroup
- Medicines must be in the original container/packaging as dispensed by the pharmacy clearly labelled with the child's name and dispensing instructions.
- Staff are not allowed to make any changes to the prescribed dosage on parental instruction.

Prescription details (as per label)

Start date: _____ End date of prescription: _____ Expiry date: _____

Prescribed by: _____

Name of pharmacy: _____

Pharmacy address: _____

Pharmacy phone number: _____

Parental consent:

- I release Milton Mount Playgroup from any liability from administering this medication.
- I hereby give consent for a member of staff from Milton Mount Playgroup to administer the above medication to my child, in the amount and at the times stated above.

Name: _____ Relationship to child: _____

Signature: _____

Date: _____