

Please complete one of these forms every time medicine is needed.

**Medication permission form**

Child's Name	Date of Birth	
Name/Type of Medication	Dosage	
Start date of treatment	End date of treatment	
Any other relevant information/allergies		
Parent/Carer's Name	Contact Details	

I hereby consent to the delegated member of staff of Jolly Tots to administering the above medication according to the details given here and take full responsibility. Staff will not administer medication against the will of the child.

Signature of Parent/Carer ..... Date .....

**Medication Administered**

Date	Time	Administered by	Witnessed by	Dosage given	Parent's signature

Any comments: