

6 Health procedures

6.2b Administration of medication record form

This information will be held securely and confidentially and will only be shared with those who have a role in the managing the administration of medication to your child. Please note that a child will not be permitted to take medication at Stepping Stones unless:

- The child's parent/guardian has administered the first dose of any medication
- The child's parent/guardian completes and signs this form
- The medication is labelled with the child's name & date of birth
- The medication must be in the original container as dispensed by the pharmacy.

Name of child: _____

Date of birth: _____

Medical condition or reason for medication: _____

Name of medication (as described on container): _____

Dosage (specify amount & frequency/time): _____

Time of most recent dose: _____

Use by date: _____

GP name & telephone number: _____

I confirm that my child requires the above medication during the time he/she is at Stepping Stones. I consent for him/her to be assisted by a non-medically qualified member of staff while the medication is administered.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

Record of dosage:

Date & time	Dosage	Member of staff 1	Member of staff 2	Parental signature