

Administering long term medication form

Name of child………………………………………………………………..

Date of birth…………………………………………..

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date  | Medication name  | Reason for medication | Time given  | Date given  | Level 3 signature  | Witnessed signature  | Parents signature  |
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|  |  |  |  |  |  |  |  |

Parents consent to administer on-going medication

Signature ……………………………………………..

**This Policy was approved by the Innov8 Sportz C.I.C Board on 31/8/2012, was reviewed 11 November 2013 and again in August 2105 is due for further review in August 2016.**