



# CONFIDENTIAL

## Medication Record Form

Play Service

Name of Child .....

I give the staff my consent to administer the following medication to my child. Parent / Guardian Signature .....

Date	Name of Medication & Dosage to be Given	Time Medication Due	Time Medication Administered	Signature Of Member Of Staff Who Administered Medication.

Whilst every effort has been made to ensure the accuracy of the information provided, The Out of School Development Team cannot accept responsibility or liability for any errors which may have occurred. This form has been created as an **example only**.

Reviewed: 05.05.09