

**Liberty Woodland School Medication form****Date:**

Child's name							
Child's Date of Birth							
Medication (full name)							
Medication expiry							
Reason for Medication (please attach copy of prescription from a Dr if prescribed)							
Over-the-counter medicine confirmed for the correct age range							
Last Dosage given (time/date/dose)							
Dosage to be given (please supply a measured medicine spoon / syringe)							
Duration of medication							
I consent LWS to administer the above medication to my child at the dosage rate provided (please tick) yes							
I confirm that the medicine supplied is in the original container yes							
I confirm that my child has already had at least one dose of this medication and has not suffered any adverse / unwanted reactions							
Parent / carer full name							
Parent / carer signature							
Staff to check: <ul style="list-style-type: none"><li>● Medicine is in original bottle</li><li>● Medicine is labeled with child's name, date of birth, dosage and date</li></ul>							
Parent / carer to complete RED. Staff to complete BLACK upon administration							
Parent's Consent	Date Consent	Time to be given	Date & Time	Dosage Given	Staff name	Staff sign	Parent's Signature




Parent / carer to complete RED. Staff to complete BLACK upon administration