Medicine Permission Form

Child’s Name:…………………………………………….

 I give permission for my Registered Childminder

………………………………………………………………………..

To give medication to my child

.………………………………………………………………………..

#  Medicine Provided

……………………………………………………………………………………

……………………………………………………………………………………

Dose and times to be administered

|  |  |
| --- | --- |
| Dose  | Every: Hrs/Minutes |
|  |  |
|  |  |

Parent Signature ……………………………………………………..

Parent Name…………………………………………………………..

Date…………………………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Time | Medicine | Dose | Childminders Signature | Parents Signature |
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