

Consent Form for medications

This declaration must be completed for all types of medication that teaching staff need to administer to your child. In other words, for all medications that are prescribed by a doctor, but also for medications that are generally available over the counter. By medications we mean all forms of tablets, liquids, powders, ointments, sprays, drops etc.

Paracetamol is subject to distinct rules; this medication is to be administered only when it is prescribed by a doctor.

By signing this statement, I give permission to teaching staff to provide medication to my child, subject to the following specific conditions:

	I AGREE!
The medicine is kept in its original packaging with a Dutch consumer information leaflet. The packaging has a label with my child's name on it.	
As soon as dosing instructions permit, I will administer the medication at home.	
Little Jungle Childcare is not liable for any side effects that occur due to correct administration of the medication.	

Name of parent/carer:	
Name of child:	

This medicine is indicated for the following condition:	
Name of medicine:	
This medicine is provided by:	Parent (self-care medicine, available without doctor's prescription) Family doctor (GP) Hospital
Time period during which the medicine needs to be given:	From _____ to _____

Dose:	
Times at which this medicine is to be administered:	
Route of administration:	By mouth To the eye To the ear Through the nose Rectally By another method
Special directions related to the administration of this medication: (for example: to be taken a specific number of hours before food, not to be combined with milk products, while sitting or lying down):	
This medication needs to be stored:	In the refrigerator Outside of a refrigerator (at room temperature)
The expiry date for this medicine is:	
Possible side effects that may occur are:	

Consent Agreement:

Date:

Signature of parent: