



St Marys Pre-School  
St Marys Cathedral Hall  
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## **11 Medication authorisation form and record**

**For use with the medication and asthma policy and procedure, and the health and hygiene policy and procedure.**

Prescribed medicines will be administered only with the written agreement of the parent, when provided in their original container and with all possible side effects listed. In order for your child to receive prescribed medication while in St Marys Pre-School's care you must give your written consent by completing and signing the **medication authorisation form** and the **record of medication administered form** on each day the medication needs to be administered or if this is a long term medication the parent is only required to sign once a month so long as nothing changes i.e. dosage.

### **Medication authorisation:**

|   |  |
|---|--|
| 1. Full name of parent completing form:   |  |
| 2. Full name of child taking medication:  |  |
| 3. Date of birth of child (named above):  |  |
| 4. Full name of medication to be administered:                                    |  |
| 5. Expiry date of medication:   |  |
| 6. Dates and/or times to be administered:   |  |
| 7. Required dose:   |  |
| 8. Storage instructions:  |  |
| 9. Other information/possible side effects:                                       |  |
| 10. Purpose of medication:  |  |
| 11. Does the administration of medication require technical or medical knowledge? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide details: |

**Signature of parent:Date:**

**Name of (*name of provision*)'s delegated representative:**

**Signature:Date:**

**This also confirms that *St Marys Pre-School* has checked that the medication conforms to their insurance requirements and - as applicable - the medication was administered by an adult who has been trained by a qualified health professional**

**Record of medication administered to (*name of child*):**

| Dose (amount) to be given: | Date and time of last dose: | Date and time of next dose due: | Date and time of dose given: | Actual amount given: | Dose given by: | Observed by: | Notes of any follow-up effects on child | Any relevant additional comments | Parent signature: |
|----------------------------|-----------------------------|---------------------------------|------------------------------|----------------------|----------------|--------------|---|----------------------------------|-------------------|
|                            |                             |                                 |                              |                      |                |              |   |                                  |                   |
|                            |                             |                                 |                              |                      |                |              |   |                                  |                   |
|                            |                             |                                 |                              |                      |                |              |   |                                  |                   |
|                            |                             |                                 |                              |                      |                |              |   |                                  |                   |
|                            |                             |                                 |                              |                      |                |              |   |                                  |                   |

*Add more rows as needed*

This **medication authorisation form and record** of medication administered was passed for use in *St Marys Pre-School*

On:

By:

Position:

Date of planned review: