

## MEDICAL CONSENT – ADMINISTRATION RECORD

	Date	Dosage Given	Time <small>Always check when medication was last given</small>	Given by	Witnessed By	Signed by Parent/Guardian
<b>Date of Birth:</b>						
<b>Name of Medication &amp; what medication is for:</b>						
<b>Is medication prescription/non-prescription:</b>						
<b>Storage procedure and expiry date:</b>						
<b>Dosage of medication:</b>						
<b>Frequency of Dosage/Time to be Given:</b>						
<b>How to give the medication (route):</b>						
<b>How long medication is required (from and to dates):</b>						
<b>Signature (Parent/Guardian) &amp; Date:</b>						