**Busy Bees Medication administration consent form**

|  |  |
| --- | --- |
| Child’s name |  |
| Child’s DOB |  |
| Name of medication and strength |  |
| Prescribed by |  |
| Dosage to be given in setting and frequency |  |
| How should medication be stored and its expiry date |  |
| Possible side effects that may be expected |  |

Parent’s signature:

Printed name:

Date: