

Ofsted Registration: 2501811

Create care plan for administration of medication and parental consent to administer prescribed medication.

Name of parent / carer:

Name of child:

Child’s date of birth:

Medical condition/ Illness:

Name of medication:

Expiry date:

Dosage and method:

When medication is to be administered:

Additional instructions:

Side effects:

Procedure to be taken in an emergency and what in your terms would mean an emergency:

Name and number of child’s GP:

Phone number of parent / carers:

The above information is correct at the time of writing.

I will inform you in writing if there is any change of dosage.

I give consent for a first aid trained member of the Create team to administer the stated medication.

Signature of parent / carer:

Date: