



Medication Authorisation Form and Record

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 If yes, provide details:
Signature of parent:	Date:
Name of <i>Kinnerton Little Acorns'</i> delegated representative:	
Signature:	Date:
(This also confirms that Kinnerton Little Acorns 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 Kinnerton Little Acorns	
On: 17 th July 2024	
By: Kayleigh Ho	Position: Administrative Manager
Date of planned review: 1 st July 2025	