

## **Medication Authorisation**

## **Medication Administration Record**

Date:	Date	Time	Dose	Administered by	Witnessed By	Parent Signature
Child's Name:				Бу	Бу	Oignature
Date of Birth:						
Start Date: End Date:						
Name of Medication:	-					
Dosage and/or instructions of application:						
Dose and amount (eg 5mg/5ml - 4 hourly)						
Fimes to be given:						
What time was last dose given – all medications (In last 24 hours)						
Reason for medication:						
Expiry date of medication:						
I, the parent/main carer of the child named above, give my permission						
or the medication (named above) to be given at the stated times I state that the medication (named above) was prescribed by the child's G.P.						
Please delete as appropriate						
Signed Date						
Print Parent/Carer's Name:						
arong our or a nume.						

Date	Time	Dose	Administered by	Witnessed by	Parent signature

Date	Time	Dose	Administered by	Witnessed by	Parent signature
				•	