



**PRESCRIBED MEDICATION DETAILS FORM**

Dear Parent(s)/Guardian(s),

Please complete the required information below if your child will require any medication whilst in the care of Brighthouse SOS. Medication can only be administered if it has been prescribed by a doctor/nurse. Regulations mean we are unable to administer generic medicines that have been purchased from a shop/over the counter such as Calpol. Please ensure this information is correct and has been discussed with a member of staff before signing.

A new form will be required each day.

Child's full Name.....D.O.B.....

Name of prescribed medication and storage (e.g. fridge)	
Last dose given and time	

Please list each dose to be given		Staff use				Parent Signature*
Time required	Dose required	Time given	Dose given	Staff initials	Witness signature	

\*Sign at end of day when collecting medicine to confirm that you have been informed that dose(s) have been given as per instructions.

Parent/Guardian Full Name.....

Signature..... Date.....

Co-ordinators Full Name.....

Signature..... Date.....

Brighthouse S.O.S will use the information provided to give the best possible care for your child. We will share this information with all staff members and where necessary other agencies, medical professionals and the committee members. All information will be shared under the terms of our confidentiality policy. Please ask if you require further details of our policies & procedures.