****

**NON-PRESCRIBED MEDICATION ADMINISTRATION FORM**

**HALTON BOROUGH COUNCIL**

**PEOPLE DIRECTORATE**

**FOSTERING SERVICE**

**NON-PRESCRIBED MEDICATION ADMINISTRATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child |  | Date of birth |  | Name of carers |  |

Please detail below each time you administer medication to a child in your care

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICATION** | **REASON MEDICATION GIVEN** | **DOSE** | **ROUTE** | **TIME** | **GIVEN BY** | **DATE** | **SIGNED** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*This form will be seen and signed by your Supervising Social worker on each visit. Completed forms will be collected by your Supervising Social Worker and put on the child’s file. The child’s social worker may ask to see this form at their visits*