

Note: The nursery can only give medication that has been prescribed for that child by their G.P. or other recognised medical officer. By signing this form, parents/guardians are making a declaration that the medication supplied is prescribed for that child.

{PLEASE USE ONE FORM PER MEDICATION}

This section is to be completed by the
PARENT

This section is to be completed by the
STAFF

NAMES AND TYPE OF MEDICINE

DOSAGE TO BE GIVEN

TIME GIVEN

TIME TO BE GIVEN

- 1.
- 2.
- 3.

- | | | | |
|----|--|--|--------------------|
| 1. | | | ACTUAL DOSE GIVEN: |
| 2. | | | ACTUAL DOSE GIVEN: |
| 3. | | | ACTUAL DOSE GIVEN: |

DECLARATION:

Name of Parent:

Signature:

GIVEN BY:

Name of Staff

Name of witness

- | | | | |
|-----|-------|-------|-------|
| (1) | Sign: | Name: | Sign: |
| (2) | Sign: | Name: | Sign: |
| (3) | Sign: | Name: | Sign: |

Medication returned to Parents:

Name:

Signature:

Date: