

Note: The nursery can only give medication that has been prescribed for that child by their G.P. or another 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	<u>TIME GIVEN</u>	
		1.	ACTUAL DOSE GIVEN:
		2.	ACTUAL DOSE GIVEN:
		3.	ACTUAL DOSE GIVEN:
<u>TIME TO BE GIVEN</u>			
1.		2.	ACTUAL DOSE GIVEN:
2.		3.	ACTUAL DOSE GIVEN:
3.			
DECLARATION:		GIVEN BY:	
Name of Parent:		Name of Staff	
Signature:		Name of witness	
		(1)	Sign: Name: Sign:
		(2)	Sign: Name: Sign:
		(3)	Sign: Name: Sign:
Medication returned to Parents:			
Name:	Signature:	Date:	

