



Medication Form

Child's Name: _____

Date: _____

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. _____ 2. _____ 3. _____	<u>TIME TO BE GIVEN</u>	1. _____ ACTUAL DOSE GIVEN:	2. _____ ACTUAL DOSE GIVEN:																
DECLARATION: Name of Parent: _____ Signature: _____		GIVEN BY: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name of Staff</td> <td style="width: 20%;"></td> <td style="width: 20%;">Name of witness</td> <td style="width: 30%;"></td> </tr> <tr> <td>(1)</td> <td>Sign: _____</td> <td>Name: _____</td> <td>Sign: _____</td> </tr> <tr> <td>(2)</td> <td>Sign: _____</td> <td>Name: _____</td> <td>Sign: _____</td> </tr> <tr> <td>(3)</td> <td>Sign: _____</td> <td>Name: _____</td> <td>Sign: _____</td> </tr> </table>		Name of Staff		Name of witness		(1)	Sign: _____	Name: _____	Sign: _____	(2)	Sign: _____	Name: _____	Sign: _____	(3)	Sign: _____	Name: _____	Sign: _____
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: _____																			

