**Medication Form**

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Last dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of dose/s to be given \_\_\_\_\_\_\_\_\_\_\_\_ am \_\_\_\_\_\_\_\_\_\_\_\_\_\_pm

Amount to be given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ml

Reason Medication required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Known side effects Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please comment)

|  |
| --- |
| Please Note  • Medicines must be in original container as dispensed by the pharmacy.  • Staff are not allowed to make any changes to the prescribed dosage on parental instruction.  • If a child has not had this medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.  Prescribed medication brought in, which is prescribed by the GP must be prescribed recently for the condition the child is now suffering with. |

**I give my consent for a qualified member of staff at ‘Chunky Monkeys’ Day Nursery to administer the above medication at the times I have stated.**

Parents/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medicine** | **Time of administration** | **Amount given**  **(ml)** | **Given by**  **Name/Signature** | | **Witness signature**  **Name/Signature** | |
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**I am aware of the medication my child has received.**

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_