



Medicine Form

This form needs to be completed, signed, and dated on every day the medicine is to be given.

All teething gels/powders must be in its original packaging and clearly labelled with the child's name.

Child's Name		Date of Birth	
Today's Date			
Medication Name			
Signature	I give permission for Sandcastle Nursery and Preschool to administer teething gels/powders when needed.		

To be completed throughout the day and signed at the end of the session.

Date	Time	Dosage Given	Administered by	Practitioner signature	Witness signature and name	Parent/Carer Signature