

SANDCASTLE NURSERY & PRESCHOOL LTD –MEDICATION FORM

In order for your child to receive medicines (e.g. Antibiotics, inhalers. Epi-pens) during their time at nursery, you need to complete and sign this form below. This form needs to be completed, signed, and dated on every day the medicine is to be given. Please bring medicines when your child attends the nursery and take them home again when they leave.

All medicines must have the pharmacist’s label clearly showing the name of the medication, the child’s name, frequency of administration, prescribed dosage and date provided. The exception to this being teething gels and powders.

Child’s full Name		Date of Birth	
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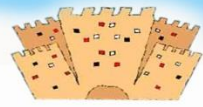
Today’s Date			
Medication Name			Prescribed/Nonprescribed (Please Circle)
Date started Medication			
Reason for medication			
Last does Given by Parent/Carer			
Dosage and Times needed	Time Required	Dosage	

Special storage required?	Yes	No	Details:
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I confirm that the medication supplied is in the original container. I confirm that my child has already had previous doses of this medication for at least 24 hours and has not suffered any adverse reactions even if they have had the same medication before. (Please fill out chart on back)

I give consent for the setting to administer the above medication, at the stated dosage and frequency, as and when required, to my child. I will inform the setting of any doses given at home before arrival.

Print name:	Date:
Parent/Carer signature:	



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

Time	Dosage Given	Administered by	Practitioner signature	Witness signature and name

24 Hour Medication Record

Please indicate in the table below, when you have given your child any medication, and the dosage. Please see below for a dosage guide.

Time	Dose	Time	Dose
00:00		00:00	
01:00		01:00	
02:00		02:00	
03:00		03:00	
04:00		04:00	
05:00		05:00	
06:00		06:00	
07:00		07:00	
08:00		08:00	
09:00		09:00	
10:00		10:00	
11:00		11:00	
12:00		12:00	
13:00		13:00	
14:00		14:00	
15:00		15:00	
16:00		16:00	
17:00		17:00	
18:00		18:00	
19:00		19:00	
20:00		20:00	
21:00		21:00	
22:00		22:00	
23:00		23:00	

I can confirm I have read and understood the medication form and the staff have informed me of the dosages and times my child has received it when at nursery-

Name:

Signature:

Date: