



MEDICATION FORM
LIFE SAVING / LONG TERM / EMERGENCY / WHEN REQUIRED MEDICATION

Child's Name:			
Date of Birth:			
Date Medication was given to Nursery:		Expiry Date of Medication:	
Quantity of medication given to Nursery:		Quantity of Medication returned to parent:	
Medication to be given:			
Name and Strength:			
Reason for medication (medical condition)			
Please outline child's symptoms and triggers:			
Desired outcome after administering medicine:			
Further action to be taken if symptoms persist:			
Duration of medication to be given:			
Time(s) medication to be given each day (if appropriate):			
Dosage to be given:			
Method (Eg, spoon, syringe)			
Parent/Carer	1.		
Emergency Contact Names and Number(s):	2.		
Original Container:		Date for Review (28 days maximum:	
Signature of Staff Member:	Date:		
Parents Signature:	Date:		

Why has this medication being given to the child in nursery? Please outline symptoms		Date:	Dosage:
		Time:	
What was the outcome of administering the medication?			
Which parent was phoned to advise	Parent's Name:		
	Time:		
Signature of administering staff member:		Signature of witness:	
Parent Signature:			

Why has this medication being given to the child in nursery? Please outline symptoms		Date:	Dosage:
		Time:	
What was the outcome of administering the medication?			
Which parent was phoned to advise	Parent's Name:		
	Time:		
Signature of administering staff member:		Signature of witness:	
Parent Signature:			

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		Time:	
What was the outcome of administering the medication?			
Which parent was phoned to advise	Parent's Name:		
	Time:		
Signature of administering staff member:		Signature of witness:	
Parent Signature:			