



MEDICINE RECORD (Daily)

Health and Safety
Parent and Child

Playroom Practice and Development

CHILD'S NAME.....

DATE:		Name of Prescribed Medicine:			DATE:		Name of Prescribed Medicine:				
		Time and Amount Last Given By Parents:					Time and Amount Last Given By Parents:				
Amount To Be Given:		Time(s) to be given in Nursery:			Amount To Be Given:		Time(s) to be given in Nursery:				
Quantity of Medicine Handed into Nursery:		Parent's Signature			Quantity of Medicine Handed into Nursery:		Parent's Signature				
Name of Prescribed Medicine	Date & Time given	Amount Given	Given by	Witnessed by	Name of Prescribed Medicine	Date & Time given	Amount Given	Given by	Witnessed by		
				//////////					//////////		
			//////////					//////////			
Name of Prescribed Medicine	Date & Time given	Amount Given	Given by	Witnessed by	Name of Prescribed Medicine	Date & Time given	Amount Given	Given by	Witnessed by		
				//////////					//////////		
			//////////					//////////			
Name of Prescribed Medicine	Date & Time given	Amount Given	Given by	Witnessed by	Name of Prescribed Medicine	Date & Time given	Amount Given	Given by	Witnessed by		
				//////////					//////////		
			//////////					//////////			
Variations to parent's request: ie refused medicine, sleeping						Variations to parent's request: ie refused medicine, sleeping					
Quantity of Medicine returned to parent						Quantity of Medicine returned to parent					
Parents signature:						Parents signature:					

Review : September 2020

Date of Next Review : September 2021