St Peter's Day Nursery

MEDICINE FORM

I request that the Nursery Staff administer the medicine referred to below:

- It has been prescribed for my child by my Medical Practitioner and is clearly labelled to say so. ☐
- I feel it necessary for my child to be given the 'over the counter' product, I have read and understand the instructions clearly. ☐

(Please tick where appropriate)

Child's full name	
Nature of illness requiring medication	
Name of medication	
Date dispensed by pharmacy	
Expiry date	
Date(s) to be administered	
The Dose & Time to be administered	
Are there any side effects the nursery needs to know about?	
Date & Time last dose administered	

I understand that, although every reasonable care will be taken, the Nursery Staff cannot accept responsibility for this medication or its effects.
All medicines must be clearly labelled, in the original container as dispensed by the pharmacy and handed to Manager or Deputy. Please do not leave in children's bags.

Signature of parent/guardian…….....……Date.....

Signature of staff who witnessed the completion of this form…….

<u>To be completed after medicine has been administered</u>

Date	Child's Name	Time	Name of Medication given	Dosage given	Administered by	Witness sign	Parent sign