



LADYBIRDS NURSERY

Medication Forms	
Name of Child	
Date of Birth	
Reason For Medication	
Name of Medication	
Form of Medication (syrup, drops, cream, inhaler)	
Prescribed By	
Dosage on Bottle	
Date Medicine was supplied by Parents	
Expiry Date	
Storage Instructions	
Staff Receiving Child's Medication and Completing Form	
Frequency	
Time of last dosage	
Given where	
By Whom	
How much was given	
Signature of parent/carer	
Time of 1st dose to be given at nursery	
How much to be given	
How to be administered, (oral, cream)	
Administered by	
Specific Time administered	
Witness Signature	

Did the child take the medication	
Time of 2nd dose to be given at nursery	
How much to be given	
How to be administered, (oral, cream)	
Administered by	
Specific Time administered	
Witness Signature	
Did the child take the medication	
Time of 3rd dose to be given at nursery	
How much to be given	
How to be administered, (oral, cream)	
Administered by	
Specific Time administered	
Witness Signature	
Did the child take the medication	

I hereby give my consent for a Team Leader or Manager to administer the above medication to my child in the amount and times stated above.

Please print name and relationship to child	
Signed	
Date	

Upon Return of Medication

I acknowledge that my child has been given the above medication at the times stated by the staff member
 I acknowledge that I understand the last time and dose that my child has been given at nursery, and it is my responsibility to administer the next dose at the correct time
 I acknowledge that I have received the correct medication back
 I am satisfied that the medication has been administered correctly

Please print name and relationship to child	
Signed	
Date	

Parental Information

ALL MEDICATION SHOULD BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY
STAFF ARE NOT ALLOWED TO ADMINISTER ANY MEDICATION TO A CHILD WITH ANOTHER CHILDS NAME ON IT
STAFF ARE NOT ALLOWED TO ADMINISTER MEDICATION WITHOUT A MEDICATION FORM COMPLETED DAILY.

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