

Countryside 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 is necessary for my child to be given the 'over the counter' product. I have read and understand the instructions clearly ☐

(Please tick as 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 and time to be administered	
Are there any side effects the nursery needs to know about?	
Date and time last dose administered	

I understand that although 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 a member of staff. Please do not leave in children's bags.

Signature of parent/guardian Date

Signature of staff who witnessed completion of this form

To be completed after medicine has been administered

Date	Child's Name	Time	Name of Medication	Dosage given	Administered By	Witness Signature	Parent Signature