Medication Form

Name		Date of birth	
Room/age group			
Reason for medication			
Prescribed by Prescription medicines will only be given if prescribed by a doctor, dentist, nurse or pharmacist			
Name of medication (including brand if non-prescription)			
Exact dosage required (checked against instructions on medication)			
Any specific requirements (e.g. before/after food, known side effects)			
Prior parent/carer permission			

Date of medication required (or dates if multiple)				
Mon	Tues	Wed	Thurs	Fri
Time(s) of medication required				
Mon	Tues	Wed	Thurs	Fri
Time (and date) of last dose				
Mon	Tues	Wed	Thurs	Fri
Given by				
Mon	Tues	Wed	Thurs	Fri
Witnessed by				
Mon	Tues	Wed	Thurs	Fri

Parent/carer signature				
Mon	Tues	Wed	Thurs	Fri

Times given (attach separate numbered sheet and if long-term medication required)	

The law requires parent permission to give any medication (prescription or non-prescription) to children. We use this form to gain permission for each new medicine parents wish us to administer but not for each time that medication is given. Instead we follow the instructions on this form regarding the circumstances in which the medication is to be given and the dose to be given. We always inform parents at the end of each day, when reasonably practical to do so, of any medication administered in line with our policy and procedures for administering medicines.