

The Slade Nursery School
&
The Slade Day Nursery

Administration of medication

Please note we will only give prescribed medication that is provided in the original container as dispensed by a pharmacist and includes the prescriber's instruction.

Child's Name	Date of birth
Date of first dose to be given at nursery	Date of last dose to be given at nursery (if known)
Name of medication:	
Amount to be given (dose):	Time/s to be given:

Staff signature _____

Signature of parent _____

Date				
Time given				
Dose given				
Staff Name 1				
Staff Name 2				

Date				
Time given				
Dose given				
Staff Name 1				
Staff Name 2				

Date				
Time given				
Dose given				
Staff Name 1				
Staff Name 2				

Date				
Time given				
Dose given				
Staff Name 1				
Staff Name 2				

Date				
Time given				
Dose given				
Staff Name 1				
Staff Name 2				

Date				
Time given				
Dose given				
Staff Name 1				
Staff Name 2				