



Ongoing Medication Form

Rendlesham Day Nursery can only give medication that has been prescribed & provided for that child by their G.P or other recognised medical officer. By signing this form parents/guardians are making a declaration that the medicine supplied is prescribed for that child.

Childs Name	Childs Date of Birth
Medication Name	Dosage
Time(s) to be given	Time last administered by parent
Where should medication be kept?	Date

Declaration

Name of Parent:

Signature:

To be completed by the staff

Date: Dosage Given: Initials:	Date: Dosage Given: Initials:
Time: Witness:	Time: Witness:
Date: Dosage Given: Initials:	Date: Dosage Given: Initials:
Time: Witness:	Time: Witness:
Date: Dosage Given: Initials:	Date: Dosage Given: Initials:
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Time: Witness:	Time: Witness:
Date: Dosage Given: Initials:	Date: Dosage Given: Initials:
Time: Witness:	Time: Witness:

I sign to say that I acknowledge that the medication stated has been administered to my child at the above times

Parents Name:

Parents Signature:

Date:

