

Short Term Medication Form

|  |  |
| --- | --- |
| Name of Child: |  |
| Reason for administering medicine |  |
| Name of medicine to be administered |  |
| Dose required (i.e 2.5ml, 5ml) |  |
| Date medication starting: | Date medication finished: |
| Dispensed date (if applicable) | Expiry date (must be completed) |
| Staff sign pre medication: | Parent/ Carer sign pre medication: |
| Time given: | Dosage given: |
| Staff administered: | Manager Sign post medication: |
| Parent/ Carer sign post medication: |  |

|  |  |
| --- | --- |
| Name of Child: |  |
| Reason for administering medicine |  |
| Name of medicine to be administered |  |
| Dose required (i.e 2.5ml, 5ml) |  |
| Date medication starting: | Date medication finished: |
| Dispensed date (if applicable) | Expiry date (must be completed) |
| Staff sign pre medication: | Parent/ Carer sign pre medication: |
| Time given: | Dosage given: |
| Staff administered: | Manager Sign post medication: |
| Parent/ Carer sign post medication: |  |

|  |  |
| --- | --- |
| Name of Child: |  |
| Reason for administering medicine |  |
| Name of medicine to be administered |  |
| Dose required (i.e 2.5ml, 5ml) |  |
| Date medication starting: | Date medication finished: |
| Dispensed date (if applicable) | Expiry date (must be completed) |
| Staff sign pre medication: | Parent/ Carer sign pre medication: |
| Time given: | Dosage given: |
| Staff administered: | Manager Sign post medication: |
| Parent/ Carer sign post medication: |  |

I give authorisation for my child to be administered prescribed medicine by a qualified member of staff at Woodland’s day Nursery & Preschool.

Signature .............................................................................

Date ...................................................

I give authorisation for my child to be administered CALPOL in the event of a raised temperature or teething. A qualified member of staff will seek verbal permission before the CALPOL is administered unless it is an emergency and they have been in nursery longer than four hours

Signature ........................................................................

Date .......................................................