Administering Medication Form

Nursery:	
Child's full name:	DOB:

Name/Type of medication:	Dosage and times due:
Start and end dates of prescription:	Storage instructions:

I hereby consent to the Manager, or delegated member of the Daisy Nursery team, administering the above medication according to the details given here and any other relevant medical advice.

Signature of parent/carer:	Date:

Medication	Dosage Given	Date and Time	Team Member Signature	Team Counter-Signature	Parent Signature