# Medication FormDescription: Macintosh HD:Users:sammy:Dropbox:Rainbow:Rainbow.jpgDescription: Macintosh HD:Users:sammy:Dropbox:Rainbow:Rainbow.jpgDescription: Macintosh HD:Users:sammy:Dropbox:Rainbow:Rainbow.jpg

Name of Child:



Name of medication:

Reason for taking medication:

Dosage required:

Instructions for administering medication:

### **Rainbow Staff member**

I understand the instructions provided above, and I have clarified any inconsistencies with the parent/carer as appropriate. I am happy to take responsibility for overseeing the administration of this medication.

Signed by staff member: Date:

## Parent/carer declaration

I formally request that the medication detailed above is administered to my child during the nursery day. I confirm that the medication is **in its original container** and is clearly labelled with the child’s name. I confirm the medication detailed above has been prescribed by a doctor.

Signed: Date:

**Medication Administration Document**

Child’s Name:

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Dosage** | **Administered by (signature required)** | **Witnessed by** **(signature required)** | **Notes** | **Parent/carer acknowledgement (signature required)** |
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