

Little Oaks nursery Medication form

Child's name			
Child's D.O.B		Date form completed	
Medication (full title)			
Dosage to be given	(Please supply a measured medicine spoon / syringe)	Prescribed / non prescribed (delete as appropriate) <small>Both types of medications should be labelled with child name, dose and date.</small>	
Reason for medication		Duration of medication <small>Prescribed medication only</small>	

*I consent to Little Oaks giving my child the above medication.
 *I confirm that the medication supplied is in the original container. I confirm that my child has already had one dose of this medication and has not suffered any unwanted reactions.
Parents full name (Please print) **Parents signature**

*To be completed by a member of staff
 *To ask for consent each month for when needed bases the medication - must be labelled by a pharmacist
 * Medication must only be administered by a member of staff approved by the manager and must be witnessed.

Parent's Consent	Date Consent	Time to be given	Date & Time	Dosage Given	Name sign	witness sign	Parent's Signature

Please note: Medication must be	<ul style="list-style-type: none"> in original named box / bottle and Always labelled with the child's name, DOB, Dose and date. Please supply a measured medicine spoon / syringe. 	<input style="width: 50px; height: 30px;" type="text"/>
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