



MEDICINE REQUEST

Child's Name
Date

To be completed by Parent. Please provide instructions regarding the reasons for the medicine being prescribed. By completing this medicine request form you are confirming that your child has received a dose of this medicine for this particular condition, and acknowledging that whilst the Nursery will follow out your instructions to the best of their ability the Nuresry staff are not qualified medical practitioners and can only follow the instructions that you have provided.

Parent Name of Medicine	Parent Dosage to be given	Parent Time dosage to be given	Parent Medicine Signed In	Staff Medicine given at: time and initial	Staff Medicine given at : time and initial	Parent Medicine Signed Out
Parents, please provide detailed instruction for the Nursery staff on times, dosage and storage requirements						
Staff to complete, details of time medicine actually given, amount given, member of staff who administered medicine, parent to sign after reading						