

Short term administration

of medical treatment

Medicines administered in the setting will usually be prescribed by a health professional. They should be in their original packaging with the name, date, dose and batch number clearly visible.

You should complete a new form and get new permission for each new treatment.

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| Full name of child |  |
| Reason for administering medicine |  |
| Type of medication to be administered |  |
| Date medication starting |  |
| Date of medication to finish |  |
| Signature (and date) of parent or carer |  |
| Signature (and date) of childcare provider |  |

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| --- | --- | --- | --- | --- |
| Date, time and dose medicine was last administered by parent or carer | Signature  of parent or carer | Date, time and dose for medicine to be administered by Provider | Signature of staff member administering medicine | Signature  of parent or carer |
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