



Medication Record Form (Confidential)

Crèche

Play Service

Name of parent/guardian/carer: _____ Name of child: _____

I give the staff my consent to administer the following medication to my child. Parent/guardian/carer signature: _____

| Date | Name of medication (Exact name) | Dosage to be given | Time medication due | Time medication administered | Signature of member of staff who administered medication |
|------|------------------------------------|--------------------|---------------------|------------------------------|--|
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Whilst every effort has been made to ensure the accuracy of the information provided, The Childcare Development Officer cannot accept responsibility or liability for any errors, which may have occurred. This has been created as a **Sample only**. Providers must write their own specific to their setting.