

**Aston University Nursery
Medication Form**

Medication MUST be in the original containers as dispensed by the pharmacy with the child's name, DOB, dose and date. Please supply a measured medicine spoon / syringe. The medication provided must be prescribed for the reasons stated below.

Room:		Date:	
Child's name:			
Name of medicine (as recorded on container)		Dosage	End date of course
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Reason for medicine:			
Review date for long term medication:			
Additional information:			
GP's name a telephone number:			
Daytime phone number of parent or appointed adult:			

Dose History

I confirm that my child has had at least a full 24 hour cycle of medication does and has suffered no unwanted side effects from the above medication(s).

Parent Declaration

The above information is accurate at the time of writing and I give consent to the nursery staff to administer the medication in accordance with the nursery policy.

Long Term Medicines

I will inform nursery immediately, in writing, if there is any change to dosage or frequency of medications.

Name of Parent:		Signature:		Date:	
Staff member receiving medication:		Signature:		Date:	

