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| --- | --- | --- | --- | --- | --- |
| **Name of child** |  | | | | |
| **Name of medication** |  | | | | |
| **Dosage** |  | | | **Time medicine to be given** |  |
| Have you given a dose today? When? |  | | | | |
| **I confirm that the medication, dosage and timings above are correct and authorise the setting to administer them.** | | | | | |
| **Parent’s name and signature** |  | **Date** |  | | |

|  |  |
| --- | --- |
| **Time administered** | **By** |
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