|  |  |
| --- | --- |
| **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** |
|  |  |
|  |  |
|  |  |
|  |  |