

# Administering medication

**Parent** to complete for each medication or each 5 days for short term medication requirements:

Child		Date of birth	
Date received		Medical condition	
Name & strength of medication			
Quantity received		Expiry date	
Dose instructions & timings			
End date (fill in days/dates below)			
Possible side effects			
Parent/carers signature		Staff member signature	

Day and date:		
Time:	Dose:	Signature:
Time:	Dose:	Signature:
Time:	Dose:	Signature:

Day and date:		
Time:	Dose:	Signature:
Time:	Dose:	Signature:
Time:	Dose:	Signature:

Day and date:		
Time:	Dose:	Signature:
Time:	Dose:	Signature:
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Day and date:		
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Day and date:		
Time:	Dose:	Signature:
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