|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | | Date of birth | |  |
| Room/age group | | |  | | | | | |
| Reason for medication | | |  | | | | | |
| Prescribed by | | |  | | | | | |
| Name of medication (including brand if non-prescription) | | |  | | | | | |
| Exact dosage required (checked against instructions on medication) | | |  | | | | | |
| Any specific requirements (e.g. before/after food, known side effects) | | |  | | | | | |
| Prior parental permission | | |  | | | | | |
| Date of medication required (or dates if multiple) | | | | | | | | |
| Mon | Tues | | | Wed | Thurs | | Fri | |
| Time(s) of medication required | | | | | | | | |
| Mon | Tues | | | Wed | Thurs | | Fri | |
| Time (and date) of last dose | | | | | | | | |
| Mon | Tues | | | Wed | Thurs | | Fri | |
| Given by | | | | | | | | |
| Mon | Tues | | | Wed | Thurs | | Fri | |
| Witnessed by | | | | | | | | |
| Mon | Tues | | | Wed | Thurs | | Fri | |
| Parental signature | | | | | | | | |
| Mon | Tues | | | Wed | Thurs | | Fri | |
| Times given (attach separate numbered sheet and if long-term medication required) | |  | | | | | | |