

## Short Term Medication Form

**Child's Name:**

**Symptoms:**

**Name of Medication:**

**Last Dosage Time:**

**Dosage needed:**

**Time needed:**

I hereby consent to the Manager, Deputy or Senior member of staff, administering the above medication according to the details given here and any other relevant medical advice.

**Label checked on medication by (staff initials):**

Signature of Parent/Carer:

Print Name:

Date:

Relationship to child:

If you have any questions or comments please get in touch with the Manager.

Members of staff at the Nursery will not be able to administer medication to your child if you do not complete this form. Under no circumstances will members of staff administer medication against the will of a child.