



JACK AND JILLS NURSERY

Authorisation for the Administration of Medication (Prescription Only)

I authorise the staff of Jack & Jills Nursery to administer the following medication to:

(Child's Name)

Date	Name of Medication	Amount	Method	Times of Day given by the Parent	Times of Day to be given by the Nursery	Dates to be Given	
						Start Date	End Date

The medication is in its original properly labelled child resistant container and the dosage is consistent with the recommendation of the medical practitioner and/or the drug manufacturer.

Signed _____ Full Name _____ Date _____
(Parent or Guardian) (Parent or Guardian)

This Section below is for Nursery Use Only

Record of medicine given to:

(Child's Name)

Name of Medicine	Amount Given	Method	Date	Time	Administered By:	Manager's signature	Parents signature

Nursery Notes _____

Seen and signed by parents/carers _____ Date and time _____