Short term administration of medical treatment

Refer to page 26 of the *Early Years Foundation Stage Welfare Requirements*

Medicines administered in the setting will usually be prescribed by a health professional. They should be in their original packaging with the date, dose and batch number clearly visible.

You should complete a new form and get new permission for each new treatment.

Name of child	
Reason for administering medicine	
Type of medicine to be administered	
Date medication starting	
Date medication to finish	

Signature of parent or carer		**Date**	
Signature of childcare provider		**Date**	

Date and time medicine was last administered by parent or carer	Signature of parent or carer	Date, time and dose for medicine to be administered by Provider	Signature of staff member administering medicine	Signature of parent or carer

Record of medicine administered to an individual child

You should complete a new form and get new permission for each new treatment.

Name of setting or school	
Name of child	
Child's group, class or form	
Date medicine provided by parent	
Amount received	
Name of medicine	
Strength of medicine	
Medicine expiry date	
Quantity returned	
Dose and frequency of medicine	
Signature of staff	
Signature of parent	

Date	
Time medicine given	
Dose given	
Name of staff member	
Initials of staff member	

Date	
Time medicine given	
Dose given	
Name of staff member	
Initials of staff member	

Date	
Time medicine given	
Dose given	
Name of staff member	
Initials of staff member	

Date	
Time medicine given	
Dose given	
Name of staff member	
Initials of staff member	

Date	
Time medicine given	
Dose given	
Name of staff member	
Initials of staff member	