

Request for Milkshake Montessori to Administer Medication

Milkshake Montessori will not give your child medicine unless you complete and sign this form and the manager or deputy has agreed that staff can administer the medication. Please refer to the school's medical policy which is available upon request for more information. Please note staff can **ONLY** administer medication which has prescribed a GP and is labelled with your child's name and in its original container.

PARENTS TO COMPLETE	
CHILD DETAILS	
Surname: _____	
Forename: _____	
Male/Female (please circle)	
Date of birth: _____	
Conditions of illness: _____	

MEDICATION ADMINISTER	MEDICATION TO BE GIVEN DURING NUSERY HOURS
Name of Medication (as described on the container: _____	Date of medication to be given: _____
Date of medication prescribed by GP: _____	Time of medication to be given: _____
Date of medication dispensed: _____	Dosage to be given: _____
For how long will you child take this medication?: _____	Method of administration: _____
Dosage given to the child in the past 24 hours: _____	Side effects: _____
Date, Time and quantity of last dose given: _____	Who may give the medication to the child? _____
_____	How should the medication be stored: _____
_____	_____
PARENT DETAILS	
Name: _____	
Daytime telephone number: _____	
Relationship to the child: _____	
I understand that I must deliver the medication personally to: _____	
Signature: _____	Date: _____

STAFF TO COMPLETE	
PLEASE BE AWARE THAT IF YOU ARE GIVING MEDICATION TO A CHILD, YOU ARE RESPONSIBLE FOR ENSURING THAT A MEDICATION FORM IS FULLY COMPLETED BY THE CHILD'S PARENTS AND YOU ARE FOLLOWING THE INFORMATION GIVEN FROM THE PARENT.	
Name of child: _____	
Date: _____	Name of medication: _____
Time given: _____	Dose given: _____
Name and signature of staff member who has administered the medication. Full Name: _____ Date: _____	Name and signature of staff member who has witnessed the medication being administered. Full Name: _____ Date: _____