Medication Record

(Please refer to The EYFS Safeguarding and Welfare requirements 3.44)

Child's name_____ **DOB**_____

Date	Name of medication	Illness the medication is treating	Dosage required	Time/s to be administered	Storage instructions	Prior parental permission signature	Time last dosage was given at home (To be completed by parent/ carer)	Time medication administered	Signature of person administering medication	Signature of witness	Post medication parental confirmation signature