Jitterbugs Medication form

Child's name								
Child's D.O.B								
Date form completed								
Medication (full title)								
Dosage to be given (Please supply a measured medicine spoon or syringe)								
Last time medication was given (i.e. prior to coming to the setting)	Date e.g. 1/1/11							
	Time							
Times to be given (1)								
" (2)								
Initial daily to indicate accurate time of last administration								
Duration and reason for medication(i.e. today only/ until end of week/until otherwise directed (for example inhalers for Asthma)								
(Antibiotic only) Has your child had this exact antibiotic prior to this course or been on it for a period of more than 24 hrs?	Parent signature to indicate yes							
Parents full name (Please print)					Consent for self administration (OOS only)			
Signature to consent to medication being given								
Member of staff who completed the form with parents					Date form completed:			

To be completed by a member of staff

Date	Time	Dosage and was the full dosage taken	Administered by (printed & signed)	Witnessed by	Signed by parent to acknowledge medication given

Please note Medication must be in original named box / bottle Please supply a measured medicine spoon /syringe