**Medicine Administration Form**

Child’s name: ………………………………………………………………………………………………………………

Medical condition/illness: ……………………………………………………………………………………………

Name of medication: ………………………………………………………………………………………………….

Dosage and method of administration: ………………………………………………………………………

………………………………………………………………………………………………………………………………………

Signature of Parent/Carer: ………………………………………………….. Date: ………………………

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| --- | --- | --- |
| **Date** | **Dosage & staff signature** | **Parent/Carer signature** |
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