



9c.1. Short Term Medication Form

Name of Child		Date of birth	
Room/age group	Date form Completed		
Name of staff completing form with parent, including date and signature			
Reason for medication			
Period of medication administration	Begin	End	
Prescribed by			
Name of medication (including brand if non-prescription)			
Exact dosage required (checked against instructions on medication)			
Any specific requirements (e.g. before/after food, known side effects)			
Prior parental permission		Indicate YES/No	
Date medication required (or dates if multiple)			
Mon	Tues	Wed	Fri
Time(s) of medication required			
Mon	Tues	Wed	Fri
Time (and date) of last dose, Given by parent at home or before in care of nursery staff			
Mon	Tues	Wed	Fri



Administered by staff				
Date & Day	Time	Staff Administering	Witnessed by	Parent Signature at end of day
Parental signature & date confirming end of medication period				

*The law requires parental permission to give any medication (prescription or non-prescription) to children (EYFS paragraph 3.46). We use this form to gain permission for each new medicine parents wish us to administer but not for each time that medication is given. Instead we follow the instructions on this form regarding the circumstances in which the medication is to be given and the dose to be given. We always inform parents at the end of each day, when reasonably practical to do so, of any medication administered in line with our policy and procedures for administering medicines.*