



**9c.2 Long Term Administration of Medical Treatment**

Medicines administered in the setting must be prescribed by a health professional. They should be in their original packaging with the date, dose and batch number clearly visible.

Name of child			
Date of birth:		Date this form was completed:	
Details of Medical Condition/Illness:			
Name of medicine or treatment			
to be administered if &/or when			
Medicine issue date			
Medicine expiry date			
At point of expiry, a new medical treatment plan must be put in place			
Dose to be administered			
Time of dose/ When to be used			
Name of staff authorised to administer this medicine & details of any specific training needed to do so			
Review date			
Training given by and date of			
Name & Signature of trainer			



Training updated (if needed)			
Any special instructions			
Parent Carer Signature:		Date:	
FDNM Management Signature:		Date:	

Account of Administration		
Date		Details of incident
Time		
Administered by (Name & Signature)		
Witnessed by (Name & Signature)		
Parent Signature & Date		
Managers Signature & Date		
Date		Details of incident
Time		
Administered by (Name & Signature)		
Witnessed by (Name & Signature)		
Parent Signature & Date		



Managers Signature & Date		Details of incident
Date		
Time		
Administered by (Name & Signature)		
Witnessed by (Name & Signature)		
Parent Signature & Date		
Managers Signature & Date		Details of incident
Date		
Time		
Administered by (Name & Signature)		
Witnessed by (Name & Signature)		
Parent Signature & Date		
Managers Signature & Date		Details of incident
Date		
Time		
Administered by (Name & Signature)		
Witnessed by (Name & Signature)		
Parent Signature & Date		



Parent Signature & Date		
Managers Signature & Date		
Date		Details of incident
Time		
Administered by (Name & Signature)		
Witnessed by (Name & Signature)		
Parent Signature & Date		
Managers Signature & Date		
Date		
Time		
Administered by (Name & Signature)		
Witnessed by (Name & Signature)		
Parent Signature & Date		
Managers Signature & Date		