

QUEENS PARK MONTESSORI DAY NURSERY  
155 RICHMOND PARK ROAD, BOURNEMOUTH

ANTIBIOTICS MEDICATION FORM

Name of child..... Date of birth.....

Name of medication.....

Reasons for medication.....

Statement: I give permission for my child to be given the above medication at the times stated below on a daily basis. I understand that it is my responsibility to advise the nursery if I have given my child a dose of the above medication before attending nursery therefore avoiding any chance of an overdose.

Name of parent..... Signature of parent.....

Medicine seen and checked by level three qualified staff:

Name of staff member..... Signature of staff member.....

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Last dose administered:							
Times to be given:							
Quantity:							
Signature of parent:							
Given by:							
Witnessed by:							
Time given:							
Parental acknowledgement:							