

Harpole Pre-School Child Medication Record

Name of child:

Child's DOB:

Medical condition or illness:

.....

.....

Medication

Name/type of medicine (as described on the container):

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Date dispensed:..... Expiry date:

Dosage and method: Timing:

Special precautions:

Any side effects:

Procedure to take in an emergency:

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Contact Details

Name of parent/carer:

Relationship to child:

Daytime phone number:

Address:

.....

I understand that I must deliver the medicine personally to the Supervisor.

I understand that I must notify the setting of any changes in writing.

Signature (s): Date: