

## 6.1 Medicine Administration Record

I .....(Parent/Carer) of ..... (child) give  
The Kinsbourne Common Nursery & Pre School consent to administer the  
medication stated below.

**Signed**.....(Parent/Carer).

**Date**.....

Name of Child:	
Name and Strength of the Medication:	
Date and Time of Dose:	
Dose Given and Method:	
Signature of Leader	
Signature of Key Worker	
Witness Signature (If applicable)	
Parents Signature (On return to Nursery after administration of medication)	
Comments:	

**Health care plan (if applicable)**

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