Child's name	

Date of birth DD/MM/YY



Date	What medication was given (If it was prescribed this must be administered at home for the first 24 hours before returning to playgroup)	Dosage	Time medication was given	Reason for medication	Parent/Carer signature	Key person's signature	Management's signature

Key person's signature:

Manager's signature:

Updated: 26 October 2023 Reviewed: 01 September 2024