BROOK HOUSE NURSERY Ltd.

MEDICINE FORM

I agree for my child to be given the named medicine at the specified dose and times.

NAME OF CHILD:		**DATE:**	
Name of medication:	**Dose:**	**Times to be given:**	
Time and date of the first dose (given by the parents as per medicine policy):		**Parent's signature:**	**Staff signature:**

Time and date	Name of Staff and signature	Name of witness and signature