REQUEST FOR ADMINISTRATION OF ON-GOING <u>PRESCRIPTION</u> MEDICATION E.G. EXCEMA CREAM, INHALOR, LAXATIVES etc.

Name		Address		D.O.B.	D.O.B.	
Medicine Name			To be kept at nursery? Where?			
Dosage to be given:			Date perscribed by doctor: Additional Information:			
When? Limits to administration: Dosage/timings etc.			Parent/carer Signature Date			
						Date