

Nursery Name	
---------------------	--

Child's Details

Childs Name	
--------------------	--

Medical Details

Name of Condition	
Details <i>Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.</i>	
Is this being supported by Medical Professionals and if so, who?	

Medical Condition	Medicine/ Treatment	Dosage	Freq.	Instructions on Usage	Expiry Date

Do any of the medications or treatments have any known adverse effects?	
Are there other medications or treatments being administered outside of nursery time?	

Routine Monitoring	
Some medical conditions will require monitoring to help manage the condition.	
What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

Emergency Situations	
An emergency situation occurs whenever there is a need for urgent treatment to deal with the condition.	
What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

Parent / Carer Consent			
I agree to the staff taking responsibility and administering medication in the event of an emergency taking place			
Parent / Carer Name			
Parent / Carer Signature		Date	
Management Signature		Date	
Key Person Signature		Date	

Reviewed By	Date	Reviewed By	Date