

MAR Medication Administration Record

Short Term Meds

To be reviewed every Week

CHILD'S NAME		Date MAR Commenced	
HOME ADDRESS		Date of Birth	
Room		Key-Worker	
MEDICAL INFORMATION			
Important medical conditions			
Child's Doctor Name		Address	
Telephone number			

Name of Medicine Note 1	Medication Expiry date:	Discard Date following Opening:	
Reason to be given - Note 4	Time to be given: note 3		
Dose to be given: Note 2	Storage Conditions: Note 5		
Authorised by (parent)	Received By (Staff)		
Signed	Signed		
I confirm that my child has received this medicine in the past. (Signed - parent)			
I authorise Step by Step to present my child for emergency medical treatment, including anaesthesia, as considered necessary by the medical authorities present, in relation to the above mentioned illness or medication			
	Name	Signature	Initials
Parents Name:			
Checked and countersigned by			
Staff Member			
Staff Member			

Medicine must be delivered to the nursery each day and removed each evening

Date	Delivered by Parent (Initials)	Received by Staff (initials)	Dose 1 Given At / By	Dose 2 Given At / By	Dose 3 Given At / By	Returned by Staff (initials)	Returned to (Parent / Pharmacy Initials)
			Note 7				

Note 1: The name of the medicine to be given e.g. 'Calpol', Amoxycillin etc must be stated clearly and must appear on the bottle provided.

Note 2: Dose must be stated clearly and must match the dose on the bottle provided e.g. 5ml, 120mg, one powder. In the case of liquids the dose must be in ml or mg, NOT 'one sachet'

Note 3: The times must be stated clearly e.g. 12 noon, 3.30pm etc. OR a period of time after the last dose eg 4 hours. If the medicine is to be given as required the form must state what for e.g. cough or fever or pain, and how frequently

Note 4: for example for pain, for temperature, for nappy rash

Note 5: for example 'store in the fridge'

Note 6: Every set of initials that appear on the form must be accompanied by a full signature somewhere.

Note 7: Parent to enter time of first daily dose and sign

This form expires on _____ (the Friday of the week of Commencement).

NHS 24 - 111 Maryhill - remember to dial 9 for an outside line

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Record of Staff

Name	Signature	Initial