



Supporting Children with Medical Conditions; Administration of Medication; Intimate Care & First Aid at School

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1.0	November 2022	Existing Policy Revised
1.1	Sept 2025	• New combined policy & format • Update to defibrillator location • Removal of COVID 19 Addendum

Arlesdene Nursery School and Pre-school is committed to:

- Safeguarding and promoting the welfare of children and young people, and expects all staff and volunteers to share this commitment.
- Eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups. These factors were considered in the formulation and review of this policy and will be adhered to in its implementation and application across the whole school community.
- Promoting the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs: any school member or visitor expressing opinions contrary to fundamental British values, including extremist views, will be actively challenged.

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Supporting Children with Medical Needs

1. Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. Although this guidance does not apply to maintained nursery schools, the governors of Arlesdene Nursery School & Pre-school are committed to ensuring that, where possible, children with medical conditions can access their nursery education at our school.

Settings are required to make reasonable adjustments for disabled children including those with medical needs.

Settings are also under a duty to plan strategically to increase access, over time, to schools. This includes planning in anticipation of the admission of a disabled pupil with medical needs so that they can access the school premises, the curriculum and the provision. The 'reasonable adjustment' may include alterations to the physical environment.

2. Policy

Arlesdene Nursery School & Pre-school will provide support to any pupils of the school with medical conditions so that they can have full access to all aspects of nursery education and provision.

The Governing Body will ensure that:

- appropriate arrangements are in place in schools to support pupils at school with medical conditions.
- school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

3. Responsibilities

3.1 The Governing Body

The Governing Body is responsible for ensuring that

- pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

3.2 The Headteacher/SLT

The Headteacher/SLT is responsible for:

- the development of this policy and its effective implementation. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- ensuring that all staff who need to know are aware of the child's condition.
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- the development of individual healthcare plans.

- contacting the community nursing service in the case of any child who has a medical condition that may require support at school.
- ensuring that medication is correctly and safely stored.

3.3 Staff

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines and there is no legal duty that requires any staff member to administer medicines.

Nevertheless, settings are required to ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties and any member of staff who agrees to accept responsibility for administering medicines to a child must receive appropriate training and guidance.

All members of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents are responsible for providing the school with sufficient and up-to-date information about their child's medical needs.

Parents are key partners and should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4. Identification of children with medical conditions

Parents have the prime responsibility for their child's health and must provide the setting with information about their child's health and wellbeing.

The school asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the registration process. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.

The school ensures that every child with a medical condition has an individual Healthcare Plan (**Appendix 1**) in place before they start school.

Parents/carers must inform the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. The school will then act promptly on this information.

5. Record keeping

The school keeps a register of pupils with medical conditions to identify and safeguard these students. This register is held in the school office, with access by staff as appropriate. The purple folders in every classroom hold the register and includes the children's individual health care plans.

The school ensures that pupils' confidentiality is protected in line with the General Data Protection Regulation (GDPR) and will only share this information with relevant members of staff and healthcare professionals as appropriate.

6. Individual health care plans

The school recognises that needs are specific to an individual pupil. As such, all pupils with a medical condition require an individual healthcare plan.

All pupils with a medical condition will require a meeting to discuss the individual healthcare plan. This will be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant school staff (including those who will be providing support

to the pupil) and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the pupil if appropriate.

The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This may range from a school asthma card to a more detailed individual healthcare plan as appropriate. All individual healthcare plans should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP.

If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one.

The school recognises that needs change over time. As such, individual healthcare plans will be reviewed termly, or whenever the pupil's needs change. It is good practice to meet with parents termly to review the individual healthcare plans and the school considers ways of doing this, such as during parents' evenings.

A copy of the individual healthcare plan is maintained and updated by the school and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

7. Administration of Medication

Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.

7.1 Short-term medication needs

Many children will need to take medicines during the day at some time during their time in the setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to the setting where it would be detrimental to a child's health if it were not administered during the session or day.

The school may consent to administration of medication during the session if this cannot be avoided and provided the parent has completed a medication consent form.

Parents should allow at least 48 hours after the start of a course of antibiotics before sending a child back to school. Children should only return to school if they are well enough to do so.

7.2 Longer-term medication needs

If medication is required at school, this will only be given as detailed in the pupil's individual health care plan, which must be accompanied by a specific medication consent form.

7.3 Administration of medication

The setting will only accept medicines that are in the container as originally dispensed and will not deviate from the prescribing instructions on the original packaging.

Record of Medications Form (**Appendix 6**) will be countersigned and witnessed by another staff member prior to medication being administered, checking carefully:

- Name of child
- Name of medicine
- Dose
- Time/frequency of administration
- Any side effects

Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

If in doubt about any procedure staff will not administer the medicines but check with the parents before taking further action.

7.3.1 Refusing Medication

If a child refuses to take medicine, staff will not force them to do so but should note this in the records. Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

If staff have any other concerns related to administering medicine to a particular child, the issue will be discussed with the parent.

7.4 Asthma Inhalers

Parents of any child diagnosed with asthma will be asked to leave an inhaler for the child in school. Inhalers are to be properly labelled with the child's name and kept in the First Aid cabinet(s).

The school have chosen to hold an emergency salbutamol inhaler for use by pupils who have a prescribed inhaler and for whom parental consent for its use has been obtained. This emergency inhaler would be used if the prescribed inhaler is not available e.g. broken/empty. This is kept in the school office.

In the event of a possible asthma attack in a pupil without a prescribed device, emergency services (999) would be contacted and advice sought as to whether administration of the emergency salbutamol inhaler is appropriate.

7.5 EpiPen's

The school have chosen to hold an emergency Adrenaline auto injector (AAI) e.g. EpiPen emergency use on pupils who have been prescribed one and for whom parental consent for its use has been obtained. This emergency AAI would be used where their own device is unavailable or not working.

In the event of a possible severe allergic reaction in a pupil without a prescribed device, emergency services (999) would be contacted and advice sought as to whether administration of the emergency AAI is appropriate.

7.6 Storing of medication and equipment

The school ensures that all medication is stored safely, and that staff know where it is at all times.

All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available and will not be locked away.

Where medicines need to be refrigerated, these can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. The staff room fridge will be used for this purpose.

The school will only store, supervise and administer medicine that has been prescribed or provided for an individual child. Where a child needs two or more medicines, each should be provided in its own separate packaging.

The school ensures that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.

Each child's medication is stored in a named storage box, with a photograph of the child.

7.7 Disposal of Medicines

The school should not dispose of any medication. It is the parent/carer's responsibility to collect and dispose of out-of-date medication.

Parents/carers must collect all medication/equipment at the end of each term and provide new and in-date medication at the start of the new term.

7.8 Offsite visits

If children with medical needs are taken offsite, their key worker is responsible for ensuring that medication accompanies them.

8. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Staff have access to protective disposable gloves and aprons and must take care when dealing with spillages of blood or other body fluids and disposing of dressings.

The spillage kit should be used when cleaning up vomit or large amounts of urine.

9. Training and Support for staff who administer medication

The school recognises that different levels of training are required for different members of staff in order to meet the school's duties to support pupils with medical conditions.

9.1 All staff

The school ensures that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction.

Staff with specific responsibilities for supporting pupils with medical conditions

The school ensures that there are sufficient numbers of staff trained to support pupils with specific medical conditions, and to administer routine and emergency, taking into account staff absences, staff turnover and other contingencies.

Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans.

The family of a child should be key in providing relevant information to school about how their child's needs can be met, and parents/ carers should be asked for their views. They should provide specific advice but should not be the sole trainer.

Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

10. School environment

The school is committed to providing an accessible physical environment for pupils with medical conditions.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge to help prevent and deal with any issues.

The school uses teaching and learning opportunities to raise awareness of medical conditions to help promote a positive environment.

The school recognises that any measures to identify pupils with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.

11. Confidentiality and complaints

11.1 Confidentiality

The Headteacher and staff will always treat medical information confidentially. Ideally, the Headteacher will always seek parental agreement before passing on information about their child's health to other staff.

11.2 Complaints

The school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy

Intimate Care

1. Principles of intimate care

We understand all children develop differently and we undertake to meet children's individual needs as necessary. We aim to be inclusive to all children and to give consideration to the individual needs of the child.

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. It also includes supervision of pupils involved in intimate self-care.

Examples of intimate care covered by this policy include helping with toileting, changing nappies, and washing children who have soiled themselves.

All staff responsible for the intimate care of children will undertake their duties in a sensitive and professional manner; children will be afforded dignity and respect when receiving support with intimate care.

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

2. Provision of intimate care

All intimate care routines are conducted with dignity and respect. Intimate care, nappy changes and toileting is delivered in a discreet and respectable manner. For example, using their bodies to shield children and protect their privacy while still ensuring adequate supervision.

Staff will encourage and support children to be as independent as possible to help improve their confidence and self-esteem. Staff will positively encourage children to do as much intimate care for themselves, giving consideration to their age and level of development.

When intimate care is required, staff will inform another adult in the setting when the intimate care is due to take place and when it has concluded. Staff will communicate with the child requiring intimate care to be aware of any needs and to maintain respect and dignity for the child.

Children communicate using different methods, e.g. words, signs, symbols, body movements, eye pointing. It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a young child cannot make a choice. It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication.

Unless the care plan requires it, there is no need for more than one member of staff to be involved in a child's personal care.

3. Nappy changing

The school will work with parents towards independent toilet training, unless there are any medical or developmental reasons why this would be inappropriate. Nappies will be checked at regular intervals and changed when required. A child's nappy will always be changed promptly when soiled.

- Staff members must wear a disposable apron for nappy changing.
- Staff members must wear a fresh pair of disposable gloves each time they change a nappy.
- Staff members must wash their hands after every nappy change using soap and water or alcohol gel.
- A soothing cream will be applied if a child has sore skin or if a parent specifically requests for it to be applied to their child.
- Soiled nappies will be placed into a tie handle bag then placed into the designated nappy bin.
- Staff members must ensure that the changing mat is cleaned after every use with an antibacterial cleaner and dried off with a paper towel.
- Staff members will ensure that potties are available for children being toilet trained and cleaned with antibacterial cleaner after every use.
- Nappy changes will be recorded on the nappy sheets.

4. Parental responsibilities

The school works in partnership with parents and asks parents to assist us by ensuring:

- they understand that they will be asked to collect their child from the school if their child shows symptoms of diarrhoea or similar indications of ill health;
- their child wears nappies or protective underwear to school until they are dry and clean the majority of the time.
- they understand they will provide appropriate nappies, wipes & cream for nappy changes.

5. Safeguarding

- The school's Safeguarding and Child Protection policies will be followed by staff at all times.
- Staff will ensure that personal safety skills are taught and discussed with children if they are of an age and have a level of understanding to comprehend what is being explained
- Members of staff undertaking intimate care who suspect a child protection issue must inform the designated senior person for child protection immediately
- If a child appears distressed or unhappy about any aspect of intimate care the staff member must stop immediately and seek advice from the Headteacher or senior member of staff on duty. The child's parents or carer will be contacted as soon as possible to discuss how best to proceed. Advice and support from partner agencies or professionals will be sought if necessary
- Any allegations made against staff will be dealt with following the provisions set out in the Child Protection policy

6. Children with medical needs

Arlesdene Nursery School & Pre-school will do everything possible to ensure that children with medical needs receive the highest quality intimate care.

- Children with medical conditions may require staff to perform invasive or non-invasive medical procedures, such as assisting a child with a colostomy bag. These procedures must only be carried out after authorisation has been obtained from the child's parents or carer. A Health Care Plan will be completed, and a copy will be kept with the child's personal details and in the room that the child attends
- Any members of staff who undertake medical interventions will be appropriately trained and where medical procedures are required there must be two members of staff present.

7. Record Keeping

- Staff will complete a written record sheet every time a child has received assistance with an aspect of their intimate care

First Aid for children

1. Trained first aiders

The school provides Paediatric First Aid training for all nursery staff every 3 years, which includes Anaphylaxis/asthma.

The Paediatric First Aid training covers the management of common medical emergencies and basic life support, including Cardiopulmonary Resuscitation (CPR), and is refreshed at least every three years.

Arlesdene Nursey School & Pre-school's Early Years Teacher is trained to First Aid at Work level.

The school keeps a record of staff training. First aid qualifications remain valid for three years. The SLT will ensure that refresher training is organised to maintain competence and that new persons are trained should first aiders leave.

2. Emergency procedures

All nursery staff are Paediatric First Aid trained, are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation and are familiar with the procedure for calling the emergency services.

All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives.

In extreme circumstances if an ambulance or the child's parents are unavailable – then either the Headteacher: Claire Cobain or Deputy Headteacher: Lynda Lodge will take the injured child to hospital and inform the parents of their actions.

All staff are aware of which children have emergency health care plans in place.

3. First Aid Boxes

First aid boxes/kits are located at the following points:

- Staff Room
- Nursery Classroom (children's toilet)
- Pre-school Classroom (children's toilet)
- Rainbow 1 Classroom (children's toilet)
- Rainbow 2 Classroom (kitchen area)
- School gardens (in grab bags)

The school office is responsible for regularly checking (termly) that the contents of first aid boxes (including travel kits) belonging to the school are complete and replenished as necessary. Staff are asked to advise the office if stocks of any item are running low in the interim.

The school has an automated external defibrillator, situated in the main school office. The school office checks the AED on a monthly basis.

Where there is any doubt about the appropriate course of action, the first aider will consult with the Health Service helpline (NHS Direct 111) and, in the case of children, with the parents/carers and in case of emergency dial 999.

4. Record keeping and communication with parents.

Parents/carers are asked to advise the school of any bumps or bruises that occur outside the setting. The school will complete with the parent or carer an Existing Injury Form and Body Map (**Appendix 3**) when the child arrives at school and will ask for details about how the injury was concerned. This will be corroborated with the child separately, if appropriate.

When a member of staff notices an injury that has not been notified to them by the parent/carer, an Existing Injury Form (**Appendix 3**) will be completed, and the key worker will either ring the parent or speak to them at the end of the session to see if an explanation for the injury can be given.

If a child has any kind of accident at school, an Accident Form (**Appendix 4**) will be used and copy of the record given to the parent at the end of the session. If it is a head injury, however, of a more serious nature, the school office staff will be asked to telephone the parent to explain what has occurred. If the child is very distressed and cannot be comforted or if staff have any concerns about the injury, the parent will be called to collect their child from the setting.

Appendix 1: Health Care Plan

Health Care Plan for Arlesdene Pre-school & Nursery

Child's Name				
Key Group				
Key Persons Name				
Date of Birth	Day	Month	Year	
Child's address				
Medical Diagnosis				
In case of emergency				
Name and relationship to child		Contact number 1	Contact number 2	Contact number 3
Name and relationship to child		Contact number 1	Contact number 2	Contact number 3
Name and relationship to child		Contact number 1	Contact number 2	Contact number 3
Clinic/Hospital	Doctor/consultant	Contact name	Phone number	Phone number 2
GP Surgery	Address	Doctors name	Phone number	Phone number 2
Describe medical needs of child and list symptoms:				

Details of daily care requirements (including action and time/situation in which care is needed):		
Give details of what constitutes as an emergency for the child:		
What action should be taken if this occurs (list in order that actions should be taken):		
Who is responsible in an emergency (staff, usually key person and senior):		
This form has been copied to:		
Date form completed:	Parents name and signature:	Review:

Appendix 2: Medication Consent Form

Arlesdene Nursery School and Pre-school will not give your child medicine unless you complete and sign this form and the Headteacher or, in her absence, a senior member of staff has agreed that staff can administer the medication. Medicine will NOT be given to children attending just a 3 hour session unless special circumstances exist.

Details of Child

Forename:	Surname:
Address:	
Date of Birth:	M / F
Group in class:	
Condition or illness:	

Medication

Name/type and strength of medication (as shown on the container):
The doctor/medical professional who prescribed the medication:
For how long will your child take this medication:
Date dispensed:
Date and time of last dose:

Full Directions for use

Dosage and method:
Timing (daily and time or as required eg. inhaler):
Storage and expiry date of medication:
Special precautions:
Possible side effects:
Procedures to take in an emergency:

Contact Details

Name:	Daytime telephone no:
Relationship to child:	
Address:	

(I understand that I must deliver the medicine personally to my child's key person or manager and collect at the end of the session. I accept that this is a service which the nursery/pre-school is not obliged to undertake.)

Signature (s)

Date

Appendix 3: Existing Injury Report & Body Map

Name of Child:			
Parent/ Carer BLOCK CAPITALS			
Signature of Parent / Carer			
Date:		Time:	

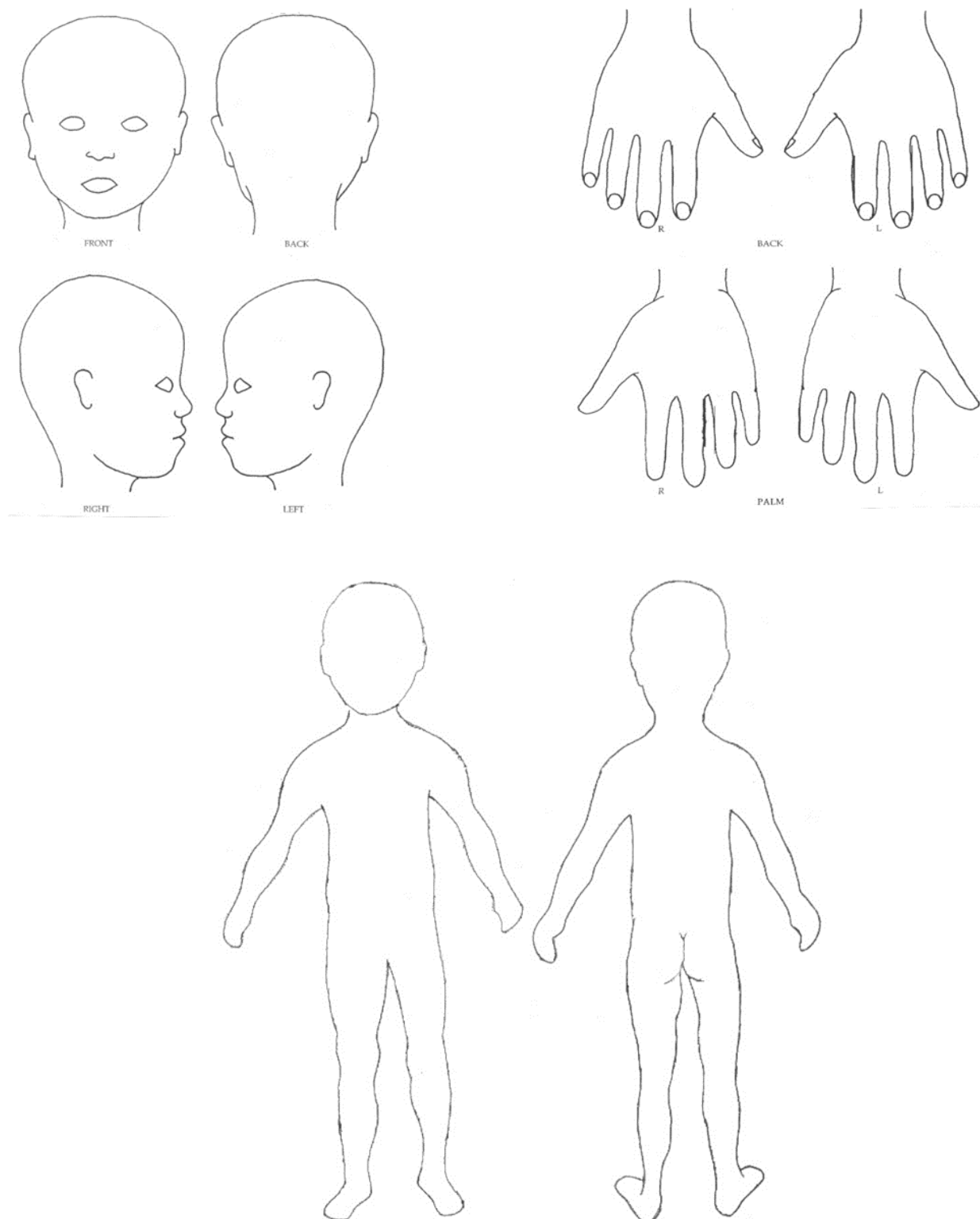
Informed by parent		Noticed by practitioner	
---------------------------	--	--------------------------------	--

Description of Injury				
What Happened?				
Where it happened?				
When it happened?	Date:		Time:	

Staff Recording :	Name:		Time:	
	Role:			
	Date:			
	Signature:			
Name of DSP:	Name:		Time:	
	Role:			
	Date:			
	Signature:			
Body map on reverse	YES	☐	NO	☐

Body Map

Please use a red pen or highlighter to indicate mark or injury



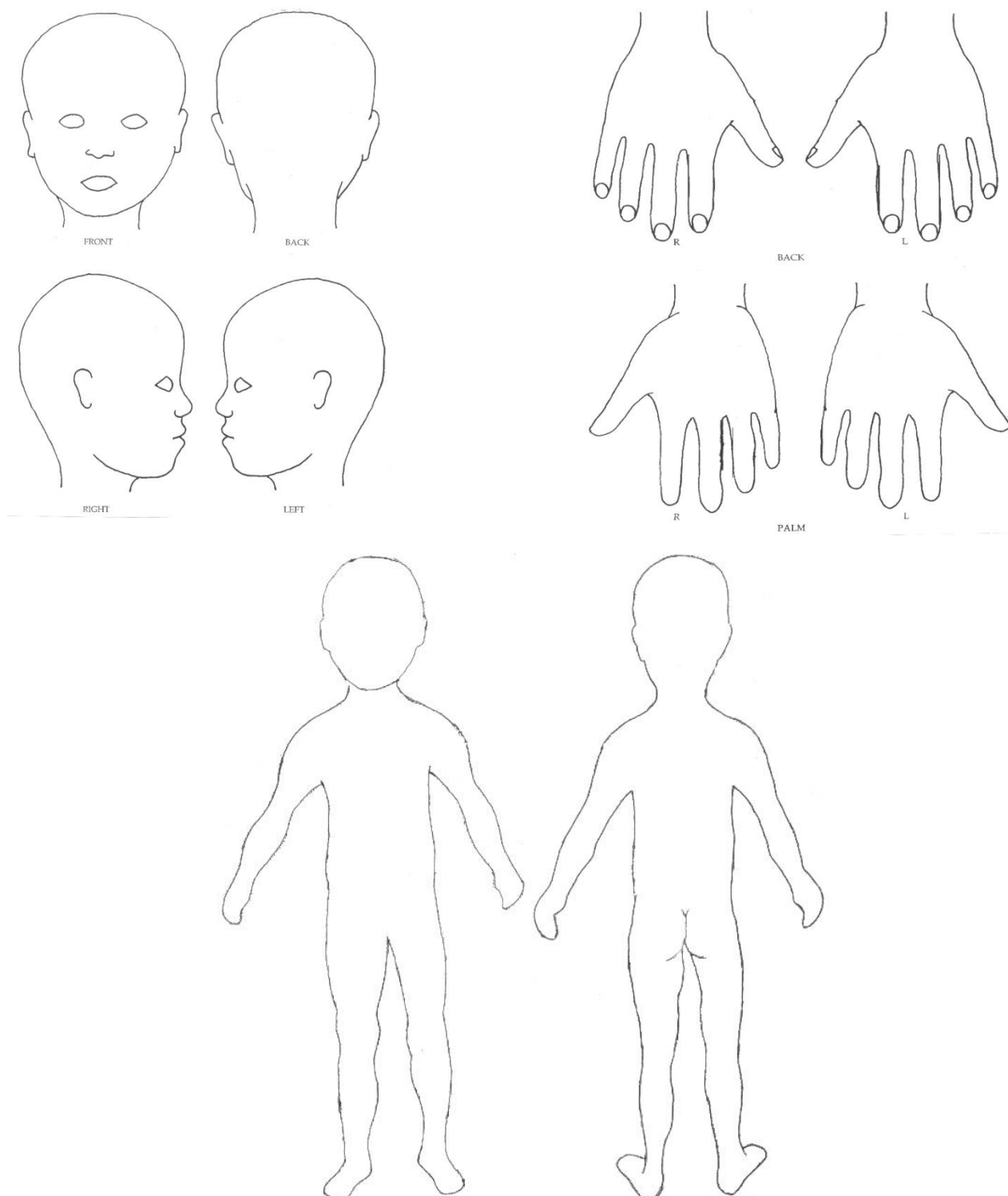
Signature of person completing form

Appendix 4: Child Accident Form

Details of the child involved in the accident		
Child's full name	Group	
Details of the adult completing the form		
Adult's full name	Role	
Details of the accident		
Date	Time	Where
What happened?	Description of injury	
Witnessed by?		
Treatment given	Medical aid used (if any)	
Further action required		
Body map completed Y / N		
Adult signature	Date & Time	
Parent/Guardian signature	Copy given Y / N	
	CPOMS Y / N (initials)	

Body Map

Please use a red pen or highlighter to indicate mark or injury



Signature of adult completing form:

Appendix 5: Permission for medical advice or treatment – consent form

If your child has an accident or is taken ill at school, we require your permission to seek further medical advice or treatment, which may include receiving life-saving treatment i.e. the use of a defibrillator, epi-pen or inhaler. In the event of an emergency, we would always do our best to contact parents or carers.

Name of child (BLOCK CAPITALS):	
--	--

Please circle your answer

I give permission that in an emergency, staff can seek medical advice and treatment for my child and take or accompany my child to hospital if required.	YES	NO
--	------------	-----------

Parent/Carer name (BLOCK CAPITALS):	
Signature:	
Date:	

Please note that permission given by parents/carers can be withdrawn at any time by contacting the school office.

Appendix 6: Record of Medications Form
NAME OF CHILD

Date	Time	Medication & Strength	Dose given & method	Any Reactions	Signature of key person giving medicine	Print Name	Signature of person witnessing the giving of medicine	Print Name	Signature of Parent	Print Name