



Medication Form

Please fill in to the best of your ability and hand to your Babysitter on their arrival.

Mum & Dad _____

Contact number/s _____

Emergency Contact _____

Address _____

Child 1 _____ Age _____

Child 2 _____ Age _____

Child 3 _____ Age _____

Child 4 _____ Age _____

Child 5 _____ Age _____

Allergies:

Child 1 _____

Child 2 _____

Child 3 _____

Child 4 _____

Child 5 _____

Medicine Information:

Medicine Names	Dosage	Time Given	Signature of Nanny
1.			
2.			
3.			
4.			
5.			

For medication that is prescribed, the prescription must clearly state the name of the child receiving the medication. Any variation to the recommended dosage on any over the counter medication must be accompanied by a doctor's letter.

This agreement **MUST** be signed by FaB Nannies & Parent/guardian before carer can administer any medication.

I _____ give permission for the FaB Nannies carer to administer the above medication to my child/ren.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: _____

FaB Nannies Name:

FaB Nannies Signature:

Date: _____