

Parental/Carer Consent to Administer Medication

We will only administer prescribed medicine. *They must be in the original packaging as dispensed by the pharmacy.* Medicines should be placed in a sealed bag and clearly labelled with the child's name, the name of the medicine, the expiry date and the time and amount of dosage. The medication should be given to the child's key person or another member of staff. *Medicines should not be left in a child's bag or locker*

Childs Name	
Date	
Name and strength of medicine	
Expiry date	
Dose to be given	
Time to be given	
Any other instructions	
Any side effects	
Quantity of medicine left at the setting	
Daytime number of parent/carers	
Name and phone number of GP	

THE ABOVE INFORMATION IS TO THE BEST OF MY KNOWLEDGE CORRECT AT THE TIME OF COMPLETING THIS FORM. I GIVE CONSENT FOR THE STAFF AT THE KNOWLE TO ADMINISTER THE MEDICATION IN ACCORDANCE WITH THE ABOVE INFORMATION AND THE NURSERY POLICY. I MUST INFORM THE KNOWLE IMMEDIATELY IF THERE IS ANY CHANGE TO THE MEDICINE, DOSAGE OR IF THE MEDICINE IS TO BE STOPPED

Parent/carers signature.....

Print Name

