

Appendix 1



PARENTAL PERMISSION FOR MEDICATION TO BE ADMINISTERED

The nursery will not give your child medicine unless you complete and sign this form, and the head of center has agreed that nursery staff can administer the medicine. This form should be re-done at the start of each new nursery year.

It is the responsibility of the parent to check that the medication is not out of date, that there is a sufficient quantity in nursery.

DETAILS OF PUPIL

Surname..... Forename(s).....

Address..... M/F:

..... Date of Birth:.....

Condition or illness.....

Full Directions for Use:

Dosage and Method.....

Timing.....

Special Precautions.....

Side Effects.....

Medication to be held and given by (please tick) Nursery Staff

Procedures to be taken in an emergency:.....

.....

.....

CONTACT DETAILS

Name..... Daytime Phone No.....

Relationship to Pupil.....

Address.....

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I/we acknowledge that the above instructions will be carried out by member(s) of staff who have volunteered to administer the medication and is/are non-medically qualified and accept that this is a service which the nursery is not obliged to undertake.

I/we also accept responsibility to arrange for the collection of unused medication at the end of each nursery year.

Signature..... **Date**.....
(Person with parental responsibility)

MEDICATION

Name/Type of Medication (as described on the container).....

For how long will your child take this medication?.....

Date Dispensed..... Expiry Date of Medicine:

Date of 1st Dose Given: Time of 1st Dose: