



Administering Medication form

This consent form enables the staff to administer PRESCRIBED MEDICATION to the children whilst in our care. We can if there is a valid reason (teething or post immunisation) administer Calpol, Junior Paracetamol etc.

However if a child is unwell we will request that you take your child home as they should not be at nursery or preschool. If you have administered Calpol/child specific paracetamol/Ibuprofen to your child in the six hours prior to attending the setting you must tell a member of staff the time.

Name of child-----

Conditions/diagnosis-----

Prescribed drug name-----

Dosage to be given-----

Prescribed for how many days -----

Date prescribed -----

Time of next dose to be administered-----

Time of last dose given by parent/carer-----

I give permission for the staff at Summertime to administer the prescribed medication / pain relief as stated above.

Signed-----parent/Guardian

Date-----

Today's emergency contact and telephone number -----

Medication Administered

Date	Time	Staff Member	Witnessed by	Parents signature Date