

Newstead Road Pre-School Parental Agreement for setting to administer medicine

Trained staff within our setting can administer medicine in accordance with our *Administering Medicines* policy. Your child will only be given medicine once this form is completed and authorised.

Name of child: _____ Child's date of birth: ____/____/____

Medical condition or illness: _____

Medication Details

Name/type of medicine as described on the container: _____

Date dispensed: ____/____/____ Expiry date: ____/____/____

Name of staff member to agree review: _____ Review date: ____/____/____

Dosage and method: _____ Timing: _____

Special precautions: _____

Potential side-effects: _____

Procedures to take in an emergency: _____

Parent/carer contact consent

Name: _____ Relationship to child: _____

Daytime telephone number: _____

Address: _____

*I understand that I must deliver the medicine personally to my child's key person (or the setting leader in their absence).
I will notify the pre-school in writing of any changes to the information on this form.*

Signature: _____ Date: ____/____/____

completed copies should be kept in the child's personal file.