

## Parental Agreement To Administer Medicine - Burham Pre-school

Child's full Name:.....

Date of birth:.....

Name of Medicine to Be Administered:.....

Dose & Time/frequency of Medicine: .....

Is the Medicine Prescribed by a doctor:      YES/NO

Purpose of Medication:.....

.....

Additional specific instructions/precautions: (as detailed by doctor or pharmacy)

.....

.....

Has this medication been taken by the child before:    YES/NO

Are there side effects we need to be aware of:.....

.....

Date Medicine Provided by Parent:.....      Expiry/review date of Medicine:.....

Name Doctor/pharmacy that prescribed medication:.....

Phone number of Doctor/Pharmacy that prescribed medication:.....

---

### **Note:**

Medicines must be in original containers, clearly labelled with the Child's name and storage instructions.

An individual form will be completed (appendix 1) if this medication is to be given on more than one occasion – so that a daily record of medication administered can be made and monitored.

The above information is accurate at the time of writing and I give consent to setting staff to administer medication in accordance with the information given.

Signed:.....

Date:.....

---

Staff signature (signed when medication is given as detailed above):.....

Parent signature for collected Medication:.....

**Appendix 1 – Refer to attached parental agreement for regular administration of prescribed Medicines**

Term 1

Date:						
Time:						
Dose:						
Staff Signature						
Parent Signature						

Medication review:

Term 2

Date:						
Time:						
Dose:						
Staff Signature						
Parent Signature						

Medication review:

Term 3

Date:						
Time:						
Dose:						
Staff Signature						
Parent Signature						

Medication review:

Term 4

Date:						
Time:						
Dose:						
Staff Signature						
Parent Signature						

Medication review:

Term 5

Date:						
Time:						
Dose:						
Staff Signature						
Parent Signature						

Medication review:

Term 6

Date:						
Time:						
Dose:						
Staff Signature						
Parent Signature						

Medication review:

This tracking form to be used these types of medication:

- Asthma pumps
- Diebetis

This tracking form to be used for these types of medication:

- Calpol
- Short term Antibiotics

## Appendix 2 – short term medication log

To be completed by staff administering medication as detailed of main form.

Child's Name:.....

DOB:.....

Date	Name of Medicine	Dosage to be given	Time (s) administered	Staff Signature	Parent informed signature