**Parental agreement for Runnymede pre-school to administer medicine**

Trained staff within our setting can administer medicine. 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**

|  |  |
| --- | --- |
| Name/type of medicine (as described on the container) |  |
| Date dispensed  |  | Expiry date |  |
| Name of staff member to agree review date |  |
| Dosage and method  |  | Timing |  |
| Special precautions |  |
| Potential side effects |  |
| Procedures to take in an emergency |  |

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of parent/carer |  | Relationship to child |  |
| Daytime phone no. |  |
| Address |  |
|  |  |

I understand that I must deliver the medicine personally to my child's key person or the Manager on the door .

I understand that I must notify the setting of any changes in writing.

I understand that any authorised adult whom I have agreed to collect my child on a daily basis will be asked, on my behalf, to sign the daily record of medication that has been administered.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature(s)  |  | Date |  |

Completed copies should be kept in the Accident / incident/ medication folder