**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