

**GENERAL CONSENT TO ADMINISTER EMERGENCY NON-PRESCRIBED MEDICATION** Such as paracetamol, ibuprofen, antihistamine etc.

Name of child.....Date of Birth.....

Address.....

Name of medicine .....dosage.....

To be administered: orally, drops to ears, eyes etc.....

Has the child had this type of medicine at least twice before? Yes/No

Circumstances, or times in which the medicine is to be administered by the nursery. (As per the NHS guidelines, we consider a high temperature to be above 37.5C)

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**POLICY**

We recognise that children may unexpectedly become unwell whilst at nursery, and to promote the welfare of the child, emergency medication may be required.

To ensure children are safeguarded we can only administer medicines in an emergency if we are 100% sure that the child has not already received a dose within the limits of the medicine. Parents must provide all medicines, clearly labelled with the child's name.

We cannot administer emergency medication if the child is receiving other non-prescribed, or prescribed medication.

We can only administer a maximum of 2 doses of emergency medication per day and the second dose will only be given if there is a reason for the symptoms e.g. teething, high pollen etc.

We can only administer emergency medication for a maximum of 3 consecutive days, including days that the child has received the medicine at home, and only if there is a known reason. If you think your child is likely to need the medication on a particular day, please fill in a 'REQUEST FOR ADMINISTRATION OF NON-PRESCRIBED MEDICINE' Form

We can only administer emergency non-prescribed medication that the child has taken at least twice before at home in case of side effects.

Staff signature \_\_\_\_\_ Parents signature \_\_\_\_\_ Date \_\_\_\_\_

**RECORD OF MEDICINE ADMINISTERED AT NURSERY.**

Date.....Time..... Medicine Name..... Dosage given.....

Staff Signature..... Witness Signature.....

Parents signature.....Date.....

Date.....Time..... Medicine Name..... Dosage given.....

Staff Signature..... Witness Signature.....

Parents signature.....Date.....