

# **REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICINE.**

**Please note, all information needs to be completed. In the event of missing information, we are unable to administer the medicine. We will send an e-mail to notify you if we are unable to administer the medicine.**

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

Address.....

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

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

Has the medication been recommended by a doctor / pharmacist? Yes/No

How many consecutive days has the child been receiving the medicine?.....

When was the medicine last administered to the child?.....

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

Please state the reason why the medicine is / may be needed.....

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**

Please note, we can only administer non-prescribed medicines that have been recommended by a doctor or pharmacist. We can only give medicines that the child has previously taken with no adverse effects. We can only give medicines for a total of 3 consecutive days, including days that the child has received the medicine at home. We can only administer 1 type of medicine per day, unless we have written consent from a GP or pharmacist to administer 2 medicines together.

The nursery will only accept and administer medicine to a child with a high temperature if there is a known reason for the temperature that does not cause a risk of infections to others such as teething or following immunisations.

High temperatures can often be an early symptom of a contagious illness such as tonsillitis, chicken pox, meningitis etc. and therefore children with an unexplained high temperature should be monitored at home. Medicines will be given at the discretion of a first aider

Date \_\_\_\_\_ Supplied to the nursery at \_\_\_\_\_ am/pm

Nursery staff signature \_\_\_\_\_ Parents signature \_\_\_\_\_

## **RECORD OF MEDICINE ADMINISTERED AT NURSERY.**

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

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

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

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

DATE \_\_\_\_\_ RECEIVED FROM NURSERY AT \_\_\_\_\_ am/pm

Parents signature \_\_\_\_\_ Nursery staff signature \_\_\_\_\_