

REQUEST FOR ADMINISTRATION OF PRESCRIPTION MEDICATION.

Please note, all information must be fully completed. In the event of missing information, we are unable to administer the medication.

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

Address.....

Name of medicinedosage prescribed.....

Times to be administered by Nursery.....

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

LAST ADMINISTERED BY PARENT

DateTime.....Dosage.....

POLICY

All medication must be in the original packaging with the pharmacy dispensing label intact, detailing child's name and dosage instructions.

Ideally prescription medicines should be administered at home by the parent, however we recognize that this is not always possible. A medication requiring 2 doses per day will not be administered by nursery staff, only medicines requiring 3 or more doses will be administered whilst at nursery.

Non-prescription medication cannot be given alongside prescription medication. If your child requires non-prescription medication whilst on prescribed medication, we will require a letter from your child's GP or a pharmacist to confirm that both medicines can be taken together. The child must receive the at least the first two doses of any medication at home in case of any side effects.

DATE _____ SUPPLIED TO NURSERY AT _____ am/pm

Nursery staff signature _____ Parents signature _____

RECORD OF MEDICINE ADMINISTERED AT NURSERY.

date	time	Medicine name	dosage given	staff sig + counter sign

DATE _____ RECEIVED FROM NURSERY AT _____ am/pm

Parents signature _____ Nursery staff signature _____