

# Whitecross Nursery School



## Parental Consent Form for Administration of Medicines in School

To be completed by the Parent or Carer of any child requesting administration of any prescribed medication by school staff.

Date:

Child's Full Name:

Date of Birth:

### **Medicine**

Reason for Medication:

Medicine Prescribed by (*please circle*):    Doctor                  Pharmacist                  Dentist                  Nurse

Name of Medication:	
Issue Date of Medication:	
Expiry Date of Medication:	
Time(s) to be given:	
Dosage:	
Route e.g. by mouth, in ear:	
Any Potential Side Effects:	
Storage Instructions:	

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Staff signature: \_\_\_\_\_

We have staff trained to administer medicines.  
We ask that all medicines brought to nursery:

- Are prescribed by a medical professional
- In the original packaging with the pharmacist's label showing name, date of prescription etc.
- Have a spoon or measuring cup for the correct dosage

To be completed daily during the course of administration of the medicine



Date:		
Time medicine last given at home:		
Time medicine needed:		
Parent/Carer Signature:		
Time medicine given in nursery:		
Given by: (print)		
(signed)		
Witnessed by: (print)		
(signed)		
<i>Parent informed of dosage and medicine returned</i>		
Signed:		
Date:		

Date:		
Time medicine last given at home:		
Time medicine needed:		
Parent/Carer Signature:		
Time medicine given in nursery:		
Given by: (print)		
(signed)		
Witnessed by: (print)		
(signed)		
<i>Parent informed of dosage and medicine returned</i>		
Signed:		
Date:		

Date:		
Time medicine last given at home:		
Time medicine needed:		
Parent/Carer Signature:		
Time medicine given in nursery:		
Given by: (print)		
(signed)		
Witnessed by: (print)		
(signed)		
<i>Parent informed of dosage and medicine returned</i>		
Signed:		
Date:		