**Prescribed & Non-Prescribed Medication Permission Slip and Administration Record**

**Complete and email to your child’s room for all courses of medication**

|  |  |
| --- | --- |
| Child’s name: | Today’s Date: |
| Child’s DOB: | Today’s time: |
| Name of medication: |
| State dosage and frequency to be administered as identified on packaging: |
| Purpose for medication:  |
| I confirm that I have sought the appropriate medical advice i.e. from a pharmacist: YES / NO  |
| When was the most recent dosage of medication given? |
| How many previous dosages have been given in the last 24 hours? |
| **I give permission for the appropriate staff to administer the above named medication.****Parent/Carer signature:**  |

**‘Any child on a new medication that they have not had before – including antibiotics should not attend nursery for the first 12 hours of the course to reduce the risk of them suffering a severe allergic reaction at nursery.’** (see Medicines policy)

**Record of Administering Medication for**

**Date beginning: (Maximum 5 days administration before new form has to be completed)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date  | **AM**Time | Dosage  | Staff initials | **PM**Time  | Dosage  | StaffInitials#1 | StaffInitials#2 | Parents initials at end of each day/ session |
| Day 1 |  |  |  |  |  |  |  |  |  |
| Day 2 |  |  |  |  |  |  |  |  |  |
| Day 3 |  |  |  |  |  |  |  |  |  |
| Day 4 |  |  |  |  |  |  |  |  |  |
| Day 5 |  |  |  |  |  |  |  |  |  |