

C Part 1 - Parental agreement for Littleview to administer medicine

Littleview will not give your child medicine unless you complete and sign this form.

Name of Child	
Date of birth	
Description of Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date from date dispensed.	
Doctor's/Dentist's Name, Address Tel no	
Agreed review date to be initiated by (name of member of staff)	
Dosage and method	
Timings of when medication is to be administered at Littleview	1 st dose 2 nd dose
Special precautions	
Are there any side effects that the nursery needs know about?	
Procedures to take in an emergency	
Contact Details	
Name of parent/carer to be contacted if child becomes unwell	
Daytime telephone number. The contact MUST BE contactable at all times during nursery hours	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to (a member of staff)	Signature Date
I accept that this is a service that Littleview is not obliged to undertake	Signature Date
Date last dose was administered by parent/carer	
Time last dose was administered by Parent/Carer	
Quantity of last dose administered by Parent/Carer	

C Part 2

Record of medicine administered to an individual child by Littleview staff.

Littleview Day Nursery	Littleview staff counter- check
Name of child	
Date medicine provided by parent	
Name and Strength of medicine	
Expiry date from date dispensed	
Dose	1 st dose
Frequency of medicine	2 nd dose
Staff signature	

	Member of Staff administering medication	Witness
Date		
Time(s) given		
Dose given		
Name of staff member		
Signature of Parent at end of the day		
Date		
Time(s) given		
Dose given		
Name of staff member		
Signature of Parent at end of the day		
Date		
Time(s) given		
Dose given		
Name of staff member		
Signature of Parent at end of the day		
Date		
Time(s) given		
Dose given		
Name of staff member		
Signature of Parent at end of the day		