

Haven Nursery School and Children's Centre

Administration of Medicines Policy

ADMINISTRATION OF PRESCRIBED MEDICINES & TREATMENT CONSENT FORM

Child's Name	
Child's Address	
Date of Birth	
Parents' Home Tel No.	
Parent's Work Tel No.	
Parents Mobile Tel No.	
Name of Child's GP	
GP's Tel No.	

I agree to members of staff administering medicines/providing treatment to my child as directed below or, in the case of emergency, as staff may consider necessary.

Signature of Parent or Carer	
Date of Signature	

Name of Medicine	Required Dose	Frequency	Course Finish Date	Medicine Expiry Date

Special Instructions	
Allergies	
Other Prescribed Medicines	

SEE OVERLEAF FOR RECORD OF MEDICATION GIVEN

