**Rotherly Day Nursey**

**Administration of Medicines & Treatment Consent Form**

**2023**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of centre | Rotherly, Day Nursery | | |
| Name of Child |  | Child’s Base Room |  |
| Address of Child |  | | |
| Parents’ Home Tel. Number |  | Parents’ Mobile Tel. Number |  |
| Name of GP |  | GP’s Telephone Number |  |

**Please complete all fields in clear print**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Medicine** | **Required dose** | **Time of day to be administered** | **Date course commenced** | **Date course finished** | **Medicine expiry date.** |
|  |  |  |  |  |  |
| **Signature** | | **Print name** | | **Date** | |

**Please tick the appropriate box**

|  |  |
| --- | --- |
| I agree that any medication is stored either in the nursery office or nursery fridge according to medication instructions. |  |
| I recognise that school/nursery colleagues are not medically trained and agree to members of staff administering medicines/providing treatment to my child as directed or, in the case of emergency, as staff may consider necessary. |  |

**Special Instructions and/or other prescribed Medicines**

**Allergies**

*\*Unused medicines beyond their expiry date will be returned to parents, for disposal*.

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| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Medicine Given** | **Dose** | **Signature/counter signature** |
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| **Date** | **Time** | **Medicine Given** | **Dose** | **Signature/counter signature** |
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