**LITTLE LOT NURSERY**

**REQUEST FOR NURSERY TO ADMINISTER MEDICATION**

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| Nursery will not give your child medicine unless you complete and sign this form. All medication must be prescribed by a doctor and be in its original container. The Nursery Manager must agree that staff can administer the medication. |
| Child details: |  |
| Surname: |  |
| Forename: |  |
| Date of birth: |  |
| Condition or illness medication has been prescribed for: |  |
| Name/type of medication (as described on the original container): |  |
| How long must your child take this medication for: |  |
| **Dosage and method** |
| Timing: |  |
| Special Precautions |  |
| Side effects to be aware of: |  |
| Procedures to take in an emergency: |  |
| Contact Details: |  |
| Name: |  |
| Relationship to child: |  |
| Contact number: |  |

I understand that I must deliver the medicine personally to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Nursery Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_