

PARENTAL PERMISSION FORM FOR ADMINISTERING MEDICATION

In order for your child to receive prescribed medicines, for example, antibiotics, inhalers, Epi-pens etc, and lotions, for example, nappy creams and teething gels etc, whilst in attendance at The Community Playgroups, you are required to complete and sign the following form.

For necessary medicines, for example, prescribed drugs, this form must be completed, signed & dated each day the medication needs to be given. **Staff cannot administer prescribed medication without the Parents' written permission on the day the medication is to be given.**

Please bring prescribed medication only when your child attends the Playgroup, and take them home again when you collect your child. (The only exception could be spare inhalers supplied by parents/carer in case of an emergency).

All medication/lotions must be clearly marked with your child's full name, and the prescribed dosage.

Full Name of Child: _____ Name of Parent/Carer: _____
Full name of prescribed medication/lotion to be given: _____

Last dose given by Parent/Carer:

Date: _____ Time: _____ Dosage: _____

First dose due at The Community Playgroups:

Date: _____ Time: _____ Dosage: _____

Second dose due (if applicable):

Date: _____ Time: _____ Dosage: _____

For Inhalers/Epi-pens only

I give my permission for staff to administer the Inhaler/Epi-pen (supplied by me) to my child as instructed, and record its use.

Date & time of last dose given by Parent/Carer (if applicable): _____

For nappy creams/teething gel only: I _____

give my permission to staff to administer the nappy cream/teething gel (supplied by me) to my child:

when necessary.

Signed by Parent/Carer: _____ Date: _____

Print Name: _____