**University of Nottingham Childcare Services –**

**Administration of Medication Consent Form**

**Parent to Complete:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child:** |  | **Date of Birth:** |  |
| **Name of Medication:** |  | **Is Medication Prescribed? (please circle)** |   Yes No  |
| **Dosage of Medication to be given?** |  | **Time/s Medication to be administered:** |  |
| **At what time did you give your child their last dose of medicine?** |  | **How much medicine did you give them?** |  |
| **Dates of medication: From** |  | **Dates of medication: To** |  |
| Has your child been given this medication before? (parents must always give medication before we will administer) Yes / No |
| Other Instructions (e.g., before/after food, kept in fridge, expiry date of medication) |

Each day you will need to log on your child’s medication record the last time and dose of medication that you have administered to your child. This ensures that we do not give your child an overdose of medication. You will need to let us know of any changes to the time that medication needs to be given to your child by completing the section overleaf.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Signature** |  | **Date** |  |

**Staff to Complete:**

|  |  |  |
| --- | --- | --- |
| **Is Prescription clearly marked with (& matches to parent section above):** | **YES** | **NO** |
| **Child’s Name** |  |  |
| **Name of medication** |  |  |
| **Dosage to be given** |  |  |
| **Frequency & duration of dosage** |  |  |
| **How to administer medication** |  |  |
| **Date of prescription** |  |  |
| **Expiry date of medication** |  |  |
| **Staff Signature** |  | **Date:** |
| **Managers signature (where appropriate)** |  | **Date:** |

If any of the above missing from the prescription label or where the information on the label does not match what the parent has recorded, this must be referred to the settings manager and where appropriate will be checked with the child’s GP/Pharmacist who dispensed the medication.

**Parent Administered Medication**

**Please log below the last dose of medication that your child received:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time Medication given** | **Parent signature** | **Staff signature** |
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