Little Rainbow Nursery

Medicine Consent Form

Employees of Little Rainbow Nursery are NOT trained or qualified in any way or form to specify or administer types or doses of medicine of any description which may be taken by children or adults.

When completing this form you MUST ensure that the information/instructions given are absolutely in line with the instructions given by the General Practitioner.

If the information shown on the medicine label does not correspond with the information given on this form the medicine may not be administered.

Only basic administering methods, i.e. medicine by mouth, will be undertaken by the staff of Little Rainbow Nursery.

If the medicine is being administered for a serious illness, or if the medicine is of a hazardous nature, you MUST make this clear to the staff in order that:

- a) Safe procedures can be formulated to administer the medicine;
- b) The general Practitioner may be consulted before first administering;
- c) Alternative arrangements may be made where it is inappropriate for Little Rainbow Nursery staff to administer the medicine.

A separate form is required for EACH medicine

Child's Name:							
Condition for which Medicine has been pre	escribed:						
Medicine Description:							
Was the medicine prescribed by a doctor:	Circle to indicate	e	YES	NO			
Times at which Medicine is to be administe	ered:						
Dosage: Circle to indicate: 2.5ml 5ml	1 tablet	2 tablets	Externa	ıl cream			
Today's Date:							
Signature authorising Little Rainbow Nurs	ery to Administer	Medicine as fol	lows:				
Today only:							
For the next seven day's:							
For the next fourteen day's:							
I confirm that I have read and understand the above information.							
Signed :(Legal Guardian)							
Other information							

Time administered	Date administered	Administered by	Witnessed by	Parents/cares