



# Prescribed & Non-Prescribed Medication Permission Slip and Administration Record

Child's name:	Today's Date:
Child's DOB:	Today's time:
Name of medication :	
State dosage and frequency to be administered as identified on packaging:	
Purpose for medication:	
I confirm that I have sought the appropriate medical advice i.e. from a pharmacist : YES / NO	
When was the most recent dosage of medication given?	
How many previous dosages have been given in the last 24 hours?	
<b>I give permission for the appropriate staff to administer the above named medication.</b> <b>Parent/Carer signature:</b>	

**'Any child on a new medication that they have not had before – including antibiotics should not attend nursery for the first 12 hours of the course to reduce the risk of them suffering a severe allergic reaction at nursery.'** (see Medicines policy)

-----fold over-----

**Record of Administering Medication for .....**

**Date beginning: ..... (Maximum 5 days administration before new form had to be completed)**

	Date	<u>AM</u> Time	Dosage	Staff initials	<u>PM</u> Time	Dosage	Staff Initials	Parents initials at end of each day/ session
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								

**NB: Staff administering medicine have to be Level 3 or above qualified.**