Medication Form Policy

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| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Room/age group |  |
| Reason for medication |  |
| Prescribed byPrescription medicines will only be given if prescribed by a doctor, dentist, nurse or pharmacist |  |
| Name of medication (including brand if non-prescription) |  |
| Exact dosage required (checked against instructions on medication)  |  |
| Any specific requirements (e.g. before/after food, known side effects) |  |
| Prior parental permission |  |
| Date of medication required (or dates if multiple) |
| Mon | Tues | Wed | Thurs | Fri |
| Time(s) of medication required |
| Mon | Tues | Wed | Thurs | Fri |
| Time (and date) of last dose |
| Mon | Tues | Wed | Thurs | Fri |
| Given by |
| Mon | Tues | Wed | Thurs | Fri |
| Witnessed by  |
| Mon | Tues | Wed | Thurs | Fri |
| Parental signature  |
| Mon | Tues | Wed | Thurs | Fri |
| Times given (attach separate numbered sheet and if long-term medication required) |  |

*The law requires parental permission to give any medication (prescription or non-prescription) to children (EYFS paragraph 3.45). We use this form to gain permission for each new medicine parents wish us to administer but not for each time that medication is given. Instead we follow the instructions on this form regarding the circumstances in which the medication is to be given and the dose to be given. We always inform parents at the end of each day, when reasonably practical to do so, of any medication administered in line with our policy and procedures for administering medicines.*