



MEDICATION PERMISSION

If a child brings in his or her own medication GDN Ltd staff must have written permission from the parent before it may be administered. This form is also necessary for children who self medicate (use inhalers etc).

To be completed by Parent:

Name of child.....

Date.....

Name of medication.....

How should the medication be administered?.....

Please note that Garforth Day Nursery staff may only legally administer any medication which has been provided on the advice of a Doctor or Pharmacist:-

Name of Doctor or Pharmacist/Chemist who gave you the advice.....

Time of last dose administered by Parent/Carer

Times to be administered by GDN staff.....

Dose to be given each time.....

Potential side effects.....

I give permission for GDN staff to administer the above medication at the times and dose stated.

Parent's Signature.....

To be completed by GDN Staff:

Name of medication.....

Time administered.....

Dose given.....

Staff Member's Signature who administered medication.....

Staff Member's Signature who witnessed administration of medication.....

Type of medication.....

Time administered.....

Dose given.....

Staff Member's Signature who administered medication.....

Staff Member's Signature who witnessed administration of medication.....

To be completed by Parent after the above medication has been administered:

I acknowledge that the medication stated above has been administered and recorded to my satisfaction.

Parent's Signature for dose 1..... Date.....

Parent's Signature for dose 2 (if applicable)..... Date.....