

## PARENTAL AGREEMENT FOR ABACUS TO ADMINISTER MEDICATION

(LONG TERM - e.g. asthma inhalers, epipen)

All medication must be prescribed for the child with the prescription label attached.

Please refer to the nursery Medication Policy.

Name of setting	Abacus Nursery School
Name of Child	
Date of birth	
Medical condition or illness	

### MEDICINE

Name of medicine as described on the container	
Date dispensed	
Expiry date	

How much to give i.e. dose to be given	
When to be given	
Special precautions	
Are there any side effects that Abacus need to know about	
Procedures to take in an emergency	

CONTACT DETAILS

Daytime contact number of parents	
Name of GP and surgery Contact number	
Name of Consultant and Hospital/Clinic Contact number	

The above information is, to the best of my knowledge, accurate at the time of writing.

This PARENTAL AGREEMENT FOR ABACUS TO ADMINISTER MEDICATION is to be used in conjunction with my completed HEALTH CARE PLAN

I give consent to Abacus Nursery staff to administer the named medication in accordance with the nursery medication policy. I will inform Abacus immediately, in writing if further information is provided by my child's health care professionals I will inform the nursery immediately so that procedures etc can be revised.

Parent's signature .....

PRINT NAME .....

Date .....

Office use only

Name of authorising member of staff	
Agreed review date also to be entered into office diary	
Check medicine storage temperature Where medicine to be stored	

April 2017