

04.02b - Parental agreement for Jigsaw Preschool to administer medicine

Trained staff within our setting can administer medicine. Your child will only be given medicine once this form is completed and authorised.

Name of child _____ Child's date of birth _____

Medical condition or illness _____

Medication:

Name/type of medicine (as described on the container) _____

Date dispensed _____ Expiry date _____

Name of staff member to agree review date _____

Dosage and method _____ Timing _____

Special precautions _____

Potential side effects _____

Procedures to take in an emergency _____

Contact details:

Name of parent/carer _____ Relationship to child _____

Daytime phone no. _____

Address _____

I understand that I must deliver the medicine personally to my child's key person.

I understand that I must notify the setting of any changes in writing.

I understand that any authorised adult whom I have agreed to collect my child on a daily basis will be asked, on my behalf, to sign the daily record of medication that has been administered.

Signature(s) _____ Date _____

Completed copies should be kept in the child's personal file.