**Overton Playcentre: Administering Non-Prescribed Medication Consent Form**

Overton Playcentre will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine. Note: Medicines must be in the original container as dispensed by the pharmacy.

Name of Setting: OVERTON PLAYCENTRE

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Reason for medicine to be administered: |

**Medicine:**

|  |  |  |
| --- | --- | --- |
| Name of Medication, as described on the container | |  |
| Expiry Date: | |  |
| Dosage: | |  |
| How often to give medicine:  (i.e. 6 hourly) | |  |
| Agreed duration to give medicine:  (i.e. today only/ date until) | |  |
| Amount given to setting: ( i.e. full bottle or number of tablets etc) | |  |
| Any other instructions: |  | |
| Are there any side effects that we need to know about? | | |
| Date and time of last dose: | |  |

I understand that I must deliver the medicine personally to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_(agreed member of staff) and accept that this is a service that the Overton Playcentre is not obliged to undertake.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_