**Overton Playcentre: Administering 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

Name of Setting: OVERTON PLAYCENTRE

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

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

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| --- |
| Condition/Illness: |

**Medicine:**

|  |  |
| --- | --- |
| Name of Medication, as described on the container |  |
| Date Dispensed: |  |
| Expiry Date: |  |
| Dosage: |  |
| Method of administering (spoon/syringe/tablet etc) |  |
| Timing: |  |
| Special Precautions/instructions: |  |
| Are there any side effects that we need to know about? |
| Date and time of last dose: |  |
| Date course due to finish: |  |

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_