

I understand that I must deliver the medication personally to the Manager or Deputy of Rainbow Early Years and accept that this is a service which the Group is not obliged to undertake.



Signed \_\_\_\_\_  
Print \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Date \_\_\_\_\_

## Administer Medication

### For staff use

I agree that I understand the details of the medication listed on this form and will administer it as required.

Signed \_\_\_\_\_  
Print \_\_\_\_\_  
Date \_\_\_\_\_

The staff at Rainbow Early Years are unable to give any medication to any child unless this form has been completed in full and signed by a parent/legal guardian.

## Details of child

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Condition or illness \_\_\_\_\_

Name of medicine (as written on the container) \_\_\_\_\_

For how long will your child take this medication? \_\_\_\_\_

Date dispensed \_\_\_\_\_

## Full directions for use

Dosage \_\_\_\_\_

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Side effects \_\_\_\_\_

Is your child able to administer the medication themselves? **Yes/No**

## Procedures to take in an Emergency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parental contact details

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_