



SYLVESTRIAN

Administration of Medicine Consent Form

Statutory guidance for Early Years settings states that medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist and that medicines containing aspirin should only be given if prescribed by a doctor. Ideally all medicines should be given by the child's parents. Sylvestrian staff will only administer medicines if absolutely necessary. Before requesting Sylvestrian staff to administer medicine to your child, please consider if there is an alternative.

Child's full name		Date of birth	
Medicine to be administered		Type	Prescription/ Over the counter

Details of administration

When should this medicine be administered? Time of day OR Specific circumstances in which it should be administered- describe in full.	
Dose	
How should it be administered? Give full details of exactly how it should be given.	
End date The last date it should be given? OR Expiry date if over the counter.	
Side effects to look out for	
Any other instructions or notes	

Over the counter medicines please tick to confirm the following:

	I was directed to use this medicine for my child by a qualified pharmacist, doctor, nurse or dentist.
	I have administered this medicine to my child before with no adverse effects.
	I know the expiry date of the medicine I have provided and will provide a replacement before that date.
	This medicine does not contain aspirin.

Prescription medicines

Name of prescribing doctor	
Name and address of clinic or GP practice	

Parental consent – please sign to confirm your consent to the medicine being administered by Camp staff

Parent full name	Signature	Date