**Parental Agreement to Administer Medication**

Loughborough Campus Nursery will not give your child medication unless you complete and sign this form, following our policy for staff to administer medicine to your child.

Name of child

Date of birth   Room

Reason for medication

Name of medication

(as described on the container)

How medication should be stored

Expiry date     Dosage

To be given at am   pm

Special instructions

(e.g. 1 hour before food or empty stomach)

Verbal advice given by doctor/pharmacist)

Name and phone number of Doctor

**Contact details for the day**

Name   Relationship to child

Daytime telephone number

Work direct line

Mobile

Other (ie Secretary)

I understand that I must deliver the medication personally to one of the Management Team.

I accept that this is a service that Loughborough Campus Nursery is not obliged to undertake.

Signature  Date