



The Blue Door Nursery

Form 1

Permission to Administer Medicine

Name of Child:
Child's Group:

Name of Medicine:
Strength of Medicine:
Form/Type of Medicine:
Expiry Date:
Reason for Medicine:
Directions: (when to be given, how much?)
Any other instructions:

Time last dose was given by parents:
How much was administered:
Minimum time gap between doses:
Max dose in 24 hours:
If dose is given late, how late can we give it?

For non-prescribed medicines:	
Has the medicine been administered without any adverse effects to the child in the past?	YES / NO
Should we contact you if they get any particular side effects? If so, which ones?	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to The Blue Door Nursery staff administering medicine in accordance with the setting's policy. I will inform The Blue Door Nursery immediately, in writing, if there is any change of dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer Signature
Print Name:
Date:
Staff Signature:
Date: