



Parental agreement for Wanborough Playgroup to administer medicine

Wanborough Playgroup will not give your child medicine unless you complete and sign this form.

Child's name	
Child's date of birth	
Name and strength of medicine	
Expiry date	
Dose to be given	
When to be given	
Any possible side effects that may be expected	
Any other instructions (eg special storage)	
Number of tablets/quantity to be given to Playgroup	
<u>Medicines must be in the original container as dispensed by the pharmacy</u>	
Daytime phone number of parent or adult contact	
Name and phone number of GP	
Agreed review date	
<p>The above information is to the best of my knowledge, accurate at the time of writing and I give consent to Wanborough Playgroup staff administering medicine in accordance with the Medication Policy. I will inform the Playgroup immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p>	
Parents signature	
Print Name	
Date	
<p>If more than one medicine is to be given a separate form should be completed for each one.</p>	



Record of Medication Administered

**To only be used after Medication Administration Form is completed by parent
Must be attached to Medication Administration Form**

Child's name	
Child's date of birth	
Name and strength of medicine	
Expiry date	
Dose to be given	
When to be given	

Date:	Time:
Staff Member Administering Medication	
Signature:	
Staff Member Witnessing Administration	
Signature:	

Date:	Time:
Staff Member Administering Medication	
Signature:	
Staff Member Witnessing Administration	
Signature:	

Date:	Time:
Staff Member Administering Medication	
Signature:	
Staff Member Witnessing Administration	
Signature:	



Record of Accu Check blood testing (Diabetics)

To be used each time testing takes place. Testing must take place pre-snack

Child's name:	Date of Birth:
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Date:	Time:
Blood glucose reading:	Action Needed:
Staff Member Administering blood test	Signature:
Staff Member Witnessing Administration	Signature:

Date:	Time:
Blood glucose reading:	Action Needed:
Staff Member Administering blood test	Signature:
Staff Member Witnessing Administration	Signature:

Date:	Time:
Blood glucose reading:	Action Needed:
Staff Member Administering blood test	Signature:
Staff Member Witnessing Administration	Signature:

Date:	Time:
Blood glucose reading:	Action Needed:
Staff Member Administering blood test	Signature:
Staff Member Witnessing Administration	Signature:

Date:	Time:
Blood glucose reading:	Action Needed:
Staff Member Administering blood test	Signature:
Staff Member Witnessing Administration	Signature:

Louise – Daily Snack Sheet	Louise – Daily Snack Sheet
Date:	Date:
Time of Blood Test:	Time of Blood Test:
Blood Glucose Level:	Blood Glucose Level:
Action Needed:	Action Needed:
Snack Given:	Snack Given:
Snack Eaten:	Snack Eaten:

Louise – Daily Snack Sheet	Louise – Daily Snack Sheet
Date:	Date:
Time of Blood Test:	Time of Blood Test:
Blood Glucose Level:	Blood Glucose Level:
Action Needed:	Action Needed:
Snack Given:	Snack Given:
Snack Eaten:	Snack Eaten:

Asthma – Parent Sheet	Asthma – Parent Sheet
Name:	Name:
Date:	Date:
Time Inhaler Given::	Time Inhaler Given::
Reason Inhaler Given:	Reason Inhaler Given:
Amount of Puffs:	Amount of Puffs:

Asthma – Parent Sheet	Asthma – Parent Sheet
Name:	Name:
Date:	Date:
Time Inhaler Given::	Time Inhaler Given::
Reason Inhaler Given:	Reason Inhaler Given:
Amount of Puffs:	Amount of Puffs:

Asthma – Parent Sheet	Asthma – Parent Sheet
Name:	Name:
Date:	Date:
Time Inhaler Given::	Time Inhaler Given::
Reason Inhaler Given:	Reason Inhaler Given:
Amount of Puffs:	Amount of Puffs:

