



## Parental agreement for setting to administer medicine

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

Child's name	
Name and strength of medicine	
Expiry date	
Dose to be given	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to Playgroup	
<b><u>(Medicines must be in the original container as dispensed by the pharmacy)</u></b>	
Daytime phone number of parent or adult contact	
Name and phone number of GP	
Agreed review date	
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.	
Parents signature	
Print Name	
Date	
If more than one medicine is to be given a separate form should be completed for each one.	