



# Wheelwright Lane Nursery

Telephone Number: 02476364505

Email: [admin2021@welearn365.com](mailto:admin2021@welearn365.com)

Website: [www.wheelwrightlane.warwickshire.sch.uk](http://www.wheelwrightlane.warwickshire.sch.uk)

## Parental agreement for the Nursery to administer medicine

There are times when children have been unwell and they need to finish a course of medication prescribed by the doctor or nurse. The Nursery staff are happy to administer such medication. However, it is not considered appropriate that staff should give regular doses of Paracetamol, anti-diarrhoea medication or cough suppressants. If such treatments are required it may indicate that the child is too ill to attend the Nursery.

Instructions for the administration of medicines should be written down and signed by the child's parent/legal guardian. For antibiotics and other prescribed medication, please label (with name of the child) all medicines clearly and write down information about:

1. How they should be stored (fridge, cupboard)
2. The amounts to be given and at what times
3. The method of administration (eg. spoonful, oral syringe, in food etc.)

**Please complete and sign the following form in order for the Nursery to allow your child access to medication. (NO medication can be given without this consent)**

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

### Medicine

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Dates to administer from & to: 

From	To
_____	_____

Are there any side effects that the school needs to know about? \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

**Contact Details**

Name:

---

Daytime Telephone No:

---

Relationship to Child:

---

Address:

---

---

I understand that I must deliver the medicine personally to a responsible member of staff for safe storage and let them know if medicine is to be stored in the Nursery fridge.

I understand that I must notify the school/setting of any changes in writing.

Date:

---

Signature(s):

---

---

Relationship to child:

---

---

Signature of Nursery  
staff:

---