

Albert Village



Nursery

Please note that all prescribed medicines should be given before and after nursery.  
Therefore any requests may be checked by a health professional.

## REQUEST FOR ADMINISTRATION OF MEDICINES

Name of Child -----

Class -----

My child has been diagnosed as suffering from -----  
(name of illness)

He/She is considered fit for nursery, but requires the following prescribed medicine

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to be administered during nursery hours.

Could you please therefore administer -----(dosage)  
at -----(time) -----(time) -----(time)

With effect from----- (date) To ----- (date)

The medicine should be administered by:

Mouth-----

In the ear-----

Nasally -----

Other -----

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse.

I understand that staff will monitor the use of inhalers used by children however nursery is not responsible for loss or damage of any medication.

I undertake to update nursery with any changes in administration for routine or emergency medication and will maintain a supply of medication that is within date.

Name of Parent/Carer -----

Signed (Parent/Carer) -----

Contact Number -----

Date -----

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### **FOR COMPLETION BY NURSERY**

Authorised by ----- (Nursery Manager) Date-----

