



### Medication Policy:

No medication of any description will be administered to any child without the written consent of the child's parent. This includes Calpol, Cough & Cold remedies and creams.

All medicines requiring refrigeration are to be kept in the top shelf of the fridge in the kitchen. All other medicines, creams, and inhalers are to be stored in the wall cupboard in the kitchen.

It is essential that the parent/carer of children requiring medication to be administered should complete and sign our **Medicine Consent Form**. We cannot give the medication if we do not have the signed dosage and requested timings of administration detailed on the consent form.

Medication will be given by a designated supervisor and witnessed by another member of staff.

All medication should be clearly labelled with the child's name in a clear plastic bag.

We do not keep any 'emergency' medication on site.

Please note that any medicine that has not been prescribed by a doctor will only be given if necessary and in accordance with the parent/carer instructions. We would respectfully ask that parents be reminded that staff have the right to refuse to administer medicines such as Calpol and cough medicines if the symptoms are not present during care hours.

## Little Big Learners - Medicine Consent Form

### Child's Details:

|                     |           |        |        |
|---------------------|-----------|--------|--------|
| Full Name of Child: |           | MALE   | FEMALE |
| Date of Birth:      |           |        |        |
| Address:            |           |        |        |
|                     | Postcode: |        |        |
| School              |           |        |        |
| Year Group:         |           | Class: |        |

|                   |  |
|-------------------|--|
| Doctor's Name:    |  |
| Telephone Number: |  |
| Address:          |  |

|                                       |  |
|---------------------------------------|--|
| Medicine required to be administered: |  |
| Dosage Required:                      |  |
| Time of issue required:               |  |
| Date(s) of administration:            |  |
| Any other information:                |  |

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_