**Non Prescribed Medication Policy**

I understand that Foundation Years Nurseries **should not** be administering non-prescription medication under the Welfare Requirements and where possible I will seek to obtain medication from my Doctor under a prescription.

I give permission to Foundation Years Nurseries to administer the following non-prescription medication if my child needs it. (For example if they are running a temperature and I am unable to collect them for an hour or so due to travelling back from work) I understand that Foundation Years Nurseries will only administer the medication in order to relieve my child’s immediate suffering and that I will be contacted to collect them and seek medical support if required.

(delete as applicable)

Calpol

Junior Nurofen

Junior Disprol

Teething Gel

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I will need to have provided this medication in the bottle/packaging it was purchased and clearly labelled with my child’s name and instructions on dosages allowed.

I expect Foundation Years Nurseries to contact me prior to administering the medication, especially if my child has been in their care for less than 4 hours. I will advise Foundation Years Nurseries when dropping off my child, if I have already given my child any medication prior to arrival.

I agree to sign for any medication given when I return to collect my child.

I have read a copy of Foundation Years Nurseries administering Medication Policy

Name of Child

Name of Parent

Signature of Parent

Date

If you have any concerns regarding medication please do not hesitate to discuss them with the nursery manager.