

**Form A**  
**Parental Agreement for Childcare Provider**  
**to Administer Medicine for Medical Conditions**

The childcare provider will not give your child medicine unless you complete and sign this form, and the provider has a policy that the staff can administer medicine.

Name of childcare provider:	<b>Manor Croft Academy</b>
Name of child:	
Date of birth:	
Group/class/form/location:	
Medical condition or illness:	

**Medicine (*Medicines must be in the original container as dispensed by the pharmacy*)**

Name/type and strength of medicine: (as on the container)			
Date dispensed:			
Expiry date:			
Dosage and method: (how much to give)			
Timing: (when/how often to give)			
Special precautions/ other instructions: (e.g. keep refrigerated)			
Are there any side effects that the provider needs to know about?			
Self- administration? (please circle Yes or No as appropriate)	<b>YES</b>	<b>NO</b>	
Procedures to take in an emergency:			
Name and phone number of G.P.			
Agreed review date to be initiated by:			

**Name and daytime contact number for parent or responsible adult to contact for any queries/problems**

Name:			
Daytime telephone number:			
Relationship to child:			
Address:			
I accept that this is a service that the childcare provider is not obliged to undertake. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to childcare provider staff administering medicine in accordance with the provider policy. I will inform the provider immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.			
I understand that I must deliver the medicine personally to:			
Print Name:			
Signature of Parent/Carer:			
Date:			

**If more than one medicine is to be given, please complete a separate form for each one.**