Rainbow Pre-school Wickford
Highcliffe Playcentre, Wickford Memorial Park
Rettenden View, Wickford, Essex SS118JE
E-mail: rainbow-preschool-wickford@outlook.com
Phone: 01268 768100
Mobile: 07483414489

04.2d **Rainbow Pre-school Wickford**

Medication Administration Consent Form

This form must be completed in full by a parent or legal guardian before any medication (prescription or over-the-counter) can be administered to a child in our care. A separate form is required for each medication.

Child & Parent Details

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Medication Details

Name of Medication (e.g., Calpol, Piriton): _____

Reason for Medication: _____

Is this medication prescribed by a GP? ☐ Yes ☐ No

Dosage Instructions to be Given: _____

(Note: Staff will check the packaging to ensure this matches the child's age guidelines)

Time or Frequency of Administration: _____

Expiry Date of Medication: _____

When was the last dose given at home? (Date & Time): _____

Parent/Guardian Declaration & Consent

I give permission for the trained staff at Rainbow Pre-school Wickford to administer the medication specified above to my child.
I confirm that this medication is in its original container, clearly labelled with my child's name, and is in date.
I understand that I will be notified on the day this medication is given, and I must sign the administration log upon collecting my child.
I agree to inform the setting immediately if there are any changes to my child's medical needs or medication routine.

Parent/Guardian Signature: _____ **Date:** _____

Pre-school Lead Signature: _____ **Date:** _____

Child's Key Person Signature: _____ **Date:** _____