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

4.02e Rainbow Pre-school Wickford
Blanket Emergency Medication Consent Form

During enrolment, we request parental consent to administer standard, over-the-counter emergency medications (**Calpol/Paracetamol** or **Piriton/Antihistamine**) in exceptional circumstances. This ensures we can quickly manage a sudden, high fever or an unexpected, mild allergic reaction while waiting for you to collect your child.

Child Details

Child's Full Name: _____

Date of Birth: _____

Emergency Medication Permissions

Please tick **Yes** or **No** for each medication to state your preferences:

Liquid Paracetamol (e.g., Calpol)
For the sudden onset of a high temperature (fever over 38°C) where the child is distressed.

- ☐ **YES**, I give permission for the setting to administer age-appropriate liquid paracetamol from nursery stock if my child develops a sudden fever.
- ☐ **NO**, I do not give permission.

Liquid Antihistamine (e.g., Piriton)
For a sudden, mild allergic reaction (e.g., unexpected mild hives, severe hayfever irritation, or an insect bite reaction). *Note: This is not for known severe allergies/anaphylaxis, which require an Individual Healthcare Plan.*

- ☐ **YES**, I give permission for the setting to administer age-appropriate liquid antihistamine from nursery stock if my child has a sudden allergic reaction.
- ☐ **NO**, I do not give permission.

Our Emergency Protocols (Nursery Agreement)

By signing below, you understand that Rainbow Pre-school Wickford will strictly follow these safety steps before any emergency dose is given:

1. **The Phone Check:** We will make every effort to **call you immediately** before administering the medicine to confirm when your child last had medication at home, preventing accidental overdose.
2. **Age-Appropriate Dosing:** Dosage will strictly follow the manufacturer's guidelines on the packaging according to your child's age.

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3. **Immediate Collection:** If Calpol is administered for a fever, or Piriton is administered for an allergic reaction, you (or an emergency contact) will be asked to collect your child immediately, as they are no longer well enough to remain in the setting.
4. **Paperwork:** You will be required to sign our Medication Logbook on the same day to acknowledge the dose given.

Parent/Guardian Declaration & Consent

I confirm that my child has **no known allergies** or adverse reactions to Paracetamol or Antihistamines.
I understand that this consent will remain valid for the duration of my child's time at the setting unless I submit a written request to change it.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Pre-school Lead: _____

Signature: _____ **Date:** _____

Child's Key Person: _____

Signature: _____ **Date:** _____