
Permission to Administer non-prescription Medication

I give permission to my Childminder Samantha Bryant to administer the following non-prescription medication if my child _____ needs it.

(delete as applicable)

Calpol

Junior Nurofen

Teething Gel

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 my childminder to contact me prior to administering the medication, especially if my child has been in her care for less than 4 hours. I will advise my childminder, 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.

Mother/Guardian Signature _____

Father/Guardian Signature _____

Date _____