# Parental agreement for Huckleberries to administer medicine

Huckleberries will not give your child medicine unless you complete and sign this form. We have a policy that all trained first aiders can administer medicine.

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| --- | --- |
| Name of setting | Huckleberries Nurture Farm |
| Name of child |  |
| Date of birth |  |
| Nurture group attended (please circle) | Mon Tue Wed Thur Fri WAH |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine  *(as described on the container)* |  |
| Expiry date |  |
| Dosage and method of administering |  |
| Timing (e.g. daily at 11am) |  |
| Special precautions/other instructions |  |
| Are there any side effects that we need to know about? |  |
| Self-administration – y/n |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy**  **Contact Details** | |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |
| I understand that I must deliver the medicine personally to | The session leader |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to setting staff administering medicine in accordance with the setting policy. I will inform the setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date