**MEDICATION POLICY**

I am happy to give your child non-prescribed medication, such as cough mixture, pain relief, teething gel etc, but only if you have signed a parental permission form for me to do so.

This permission form will be regularly reviewed to ensure that there are no changes, for example a child may no longer be able to take some medication or may need an additional form.

Please inform me of any medication you may have given your child before they arrive into my care. I need to know what medicine they have had, the dose and time given.

I will ensure that all medication given to me will be stored correctly and I will check that it is still within its expiry date.

If you child has a self-held medication please obtain an additional one for me to be kept at my home. If you child has acute allergies and carries/needs an epipen, please discuss this matter with me. I may need additional training to administer these forms of medication.

If your child needs to take medication prescribed by a doctor, please discuss with me. I will need you to sign an additional permission form.

All medicine given to me to administer must be in its original bottle/container and not decanted. It must have the manufacturers guidelines on it and if a prescription medication the details from the Doctor/pharmacy.

I will record all medication administered in my book and request a parental signature at the end of each day.

**Medication Policy and Procedures agreement**

I have had the opportunity to read my childminders Medication policy and procedures and I understand and agree to them. I understand these signed policies and procedures will be filed away securely, and I have a copy for myself.

Name of child:

Signature of parent:

Date: