**Appendix 9**

**ADMINISTRATION OF NON-PRESCRIBED (HOMELY) MEDICATION**.

……………………………. Children’s Home

I agree to the administration of the following non-prescribed (homely) medications being given to my son / daughter

Child’s Name ………………….………. D.O.B……………………….……

GP………………………………..…….. D.O.A.……………………….……

Allergies …………………….……….. NHS Number………………….……

|  |  |
| --- | --- |
| **Internal use** |  |
| Analgesic | Paracetamol tablets/ suspension 500mg Dose of 1 or 2 tablets 4-6 hourlymaximum of 8 tablets in 24 hours (12 years +)  |
| Cough Suppressant | Simple linctus Dose 5 mls. Throat lozengesNo more frequent than 4 hourly |
| **External use** |  |
| Antiseptic | Normal sachets Savlon 1 in 100 dilutionSterile (salvodil sachets) |
| Protective | SudacremVaselineE45 |
| Anti-pruritic | Calamine Lotion |

Medicine dosage must not exceed those stated and treatment must not continue for more than **24 hours** without consulting a GP or pharmacist.

In any particular circumstance where Staff are concerned about the Childs condition a doctor must be contacted.

**Signature of person with Parental responsibility.**

**Date:**