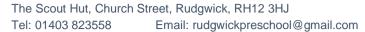


complete with packaging.





Charity No: 1033175





Parent/carer consent form to administer child's medication

Child's Name		Date of birth
	n for medication and when it is required	
	When symptoms occur (e.g. asthma)	Yes/No*
b)	In an emergency (e.g. an allergic reaction)	Yes/No*
* delet	e as required	
Where	medication is to be kept	
Possib	le side effects	
	pecial instructions/comments	
Who p	rescribed the medication	
	of medication and details of dosage/strength	
I give	my permission for Rudgwick Pre-School	staff to administer medication detailed above.
Signed	d	
Date		
Print n	ame	
Please	e note: It is essential any medication is bo	ought in is as dispensed by the chemist