

Parent/carers consent form to administer child's medication

Child's Name..... Date of birth.....

Reason for medication and when it is required

.....

a) When symptoms occur (e.g. asthma) Yes/No***b)** In an emergency (e.g. an allergic reaction) Yes/No*

* delete as required

Where medication is to be kept.....

Possible side effects.....

.....

Any special instructions/comments.....

.....

Who prescribed the medication.....

.....

Name of medication and details of dosage/strength.....

.....

I give my permission for Rudgwick Pre-School staff to administer medication detailed above.

Signed

Date

Print name

Please note: It is essential any medication is bought in is as dispensed by the chemist complete with packaging.