

Caversham Heights Pre-school



Medication Form

This form must be filled in by the parent of the child requiring medication, prior to the child starting at Pre-school. It must also be signed by the child's GP to verify that dosage of medication is correct.

Name of Child			
Name of Parent			
Contact Number home			
Mobile number			
I hereby give permission for my child, named above, to be given medication during Pre-school hours by a trained member of staff. I assume complete responsibility for ensuring that the medication is brought into Pre-school at the start of the session and removed from Pre-school premises at the end of each session. That the medication is in date. I agree to come to the Pre-school should the staff have any problems administering the medication.			
Parent/Carer signature		Date	

Child's doctor to complete this section

Medication required	
Reason for Medication	
Dosage	
Time/Frequency of administration of Medication	
Doctors signature	
Contact number	
Surgery address	