

Caversham Heights Pre-school

Permission Form



The parent of the child receiving medication must complete this form. It gives permission for any trained member of staff to administer the EIPEN should your child require it.

**Name
of child**

I here by give permission for any trained member of staff to administer the EIPEN to my child should my child require it. I understand that the member of staff administering the EIPEN has been trained in it's use by a nurse.

Signed

Date