

Spinney Pre-School Medication Permission Slip

Request for Spinney Pre School staff to administer prescribed medication.

Child's name:
Today's date:/ Child's date of birth:/
Named medication
Date of medication (from tube, box, bottle):/
Expiry date of medication:/
Details of illness/need for medication:
Name of prescribing Doctor:
Time(s) medication to be given each time (dosage):
Amount to be given each time (dosage):
Possible side effects:
If the medication is an "as and when" needed medicine or is a cream please state the details of exactly when and where to be applied or administered:
I,(Parent/Carer) of
give permission for staff at Spinney Pre School to administer the above prescribed medication according to the guidelines given above. I understand that the staff are not responsible for any reactions or complications resulting from the administration of prescribed medication according to the directions.
I have read and understood that Spinney Pre Schools medication policy.
Signed: (Parent/Carer) name:
Date: / /