



Richmond Pre-school CIC

c/o South Benfleet Primary School
(01268) 753061

richmondpreschool@btconnect.com

Allergy notification

Dear Parent(s) / Carer(s),

You have advised us that your child has an allergy. Please complete the form below to provide us with details of your child's condition. Current law does not allow us to administer treatment (including Inhalers) unless we have your written permission. Please complete and sign the form below and return to the office.

Name of Child DOB :

What are they allergic to?

.....

Are there any products and activities that they need to avoid?

.....

What signs should we look for, how do they look and what do they do if they have a reaction.

.....

.....

What should staff do when they see the above:

.....

Name of medication & strength (if applicable).....

.....

Medication dosage, No. of puffs / dose required

Medication Prescribed by (Name of Doctor)

When required

.....

How should this medication be stored.....

I herby give permission for the staff at Richmond Pre-school CIC to administer the above medication, who I have parental responsibility for.

Please provide a copy of the care plan if you have one.

Signature Print Name

Date

Please return this form with any medication your child needs, including the box that the medication comes in as well as leaflets about the medication, before your child starts. If your child requires a pump to be used with a spacer please also provide this. All medication must be clearly labelled with your child's name.