



**Permission for administering other medications**

Dear Parent(s) / Carer(s),

You have advised us that your child has a medical condition for which we are required to give regular medication at pre-school.

Name of Child ..... DOB : .....

Details of medical condition .....  
.....  
.....

Medication/s that need to be given at preschool, including dosage and when required, as well as the doctor who prescribed them. Please list all below :-

.....  
.....  
.....

Does your child have a specialist nurse or health visitor : Yes / No

If yes please give name & contact information: .....

Does your child have a Care Plan : Yes / No If yes please provide us with a copy.

Current law does not allow us to administer treatment unless we have your written permission. Please complete and sign the form below and return to the office.

I ..... hereby given permission for the staff at Richmond Pre-school to administer the above medication(s) to ....., who I have parental responsibility for.

Signature ..... Print Name .....

Date ..... Please return this form with your child's medication with any boxes it came in, including and any leaflets about the medication and showing the label as prescribed by the GP.  
All medication must be clearly labelled with your child's name.