



Request for the Pre-School to give medication

I request that my child be given the following medicine(s) while at Astbury Acorns Pre-School

Name of child	
Name of medicine	
Duration of course	
Dosage	
Date prescribed	
Time(s) to be given	
Nature of complaint and any comments	

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage, storage and child's name in FULL.

I understand that the medicine must be delivered to the Pre-School by myself or the undermentioned responsible adult

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I accept that this is a service which the school is not obliged to undertake and also agree to inform the Pre-School of any change in dosage immediately.

Signed Parent/Guardian

Date.....

Notes to Parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Head teacher.
2. This agreement will be reviewed on a termly basis.
3. The Governors and Head teacher reserve the right to withdraw this service.