

# GREAT TEW PRE-SCHOOL

## FORM 2: Request for Pre-School to administer medication

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Pre-School will not give your child medicine unless you complete and sign this form, and the Supervisor has agreed that staff can administer the medication.

### Details of pupil

Name of child	
Date of birth	/ /
Address	
Medical condition or illness	

### Medication

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	name of agreed member of staff...
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the Pre-School needs to know about?	
Procedures to take in an emergency	

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### Contact Details

Name

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Daytime telephone no.

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Relationship to child

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Address

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I understand that I must deliver the medicine personally to

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I understand that:

- this is a service that the Pre-School is not obliged to undertake.
- I must notify the Pre-School of any changes in writing.
- Medicines brought into Pre-School must be clearly labelled with the name of the pupil and the name and dose of the drug plus the frequency of administration. If the medicine is to be refrigerated it must be in a clearly labelled airtight container.
- The Pre-School does not wish to store large volumes of medication. Where possible I should provide the required dose each day.
- I am responsible for the disposal of date expired medicines. At the end of each term I should collect any medicines held at the Pre-School , and arrange for their proper disposal, where appropriate.

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_