



Noah's Ark Preschool

Parental/Carers' Permission to Administer Prescribed Medication

Please complete all sections of this form

This form is to be used to give permission to administer long term prescribed medication ie Asthma Inhalers or anti-histamines in case of allergic reaction.

Child's Name Date of Birth

Full name of medication and Strength

.....

Name of Practitioner who prescribed medication

Contact number if not your usual Doctor

Dosage to be given whilst at preschool.....

.....

How should the medication be stored?

.....

Please describe what constitutes an emergency and what action should be taken.....

.....

.....

Who should we contact in case of Emergency?

Title First Name Surname

Telephone No. Mobile No.

Title First Name Surname

Telephone No. Mobile No.

Continued over

What is the expiry date of the medication you have supplied to us?.....

Is special training required to administer this medication **Yes/No**

If yes, please sign below to give us permission to discuss this further with your Doctor's surgery

What are the possible side effects of this medication?

.....
.....

What action should be taken if a side effect is experienced?

.....
.....

What action should be taken if the medication fails to improve the condition after the first dose?

.....
.....

I give permission for Noah's Ark Preschool staff to obtain any relevant medical advice from my Doctor or to action any necessary emergency treatment for my child whilst at Preschoo . I also give permission for a staff member to accompany my child to accident and emergency or in an ambulance if necessary, to be examined by a healthcare professional or admitted as necessary on the understanding that either of the emergency contact persons named on this form has been notified. I also confirm I have parental responsibility for this child. I will regularly check the medication stored at Noah's Ark to ensure that it is in date and that staff have been informed of any changes to dosage or medical care.

Signed **Print name**

Relationship to Child **Date**

Once this form is completed, a page in the Medication also needs to be completed and signed, giving your authorisation to administer the supplied medication when necessary