

1. I give permission for the following medicine to be administered by New Road Nursery to
(child's full name inc. surname)
 (child's date of birth) From/...../ 20.....(today's date)
 until

2. As required (i.e. for the treatment of asthma, allergy, in case of an emergency)

Or until further notice

3. Medicine and expiry date	
Amount	
Time and frequency to be administered	
Reason for medication	
Do you require the medicine to be refrigerated?	YES / NO

4. Please sign (and print full name).....
 Parent / Guardian / Childminder (please circle) Date/...../ 20.....

5. Record of medicines administered

Prior	Date	Time	Amount	Name of Medicine	Given by	Witness	Parent sig