



04.02c Rainbow Pre-school

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

DETAILS OF PUPIL

Surname:

Forename(s):

Address: M/F:.....

..... Date of Birth:

..... Sessions:

Condition or Illness:

MEDICATION

Name/Type of Medication (as described on the container)

Expiry Date:

For how long will your child take this medication:

Date dispensed: By who:

Storage instructions:

Full Directions for Use:

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Procedures to take in an Emergency:

CONTACT DETAILS:

Name:..... Daytime Telephone No:

Relationship to Pupil:

Address:

I understand that I must deliver the medicine personally to the Rainbow Pre-school office and accept that this is a service which the pre-school is not obliged to undertake.

Date: Signature(s):

Relationship to Pupil: