



EACH DIFFERENT MEDICATION MUST HAVE ITS OWN PERMISSION FORM

Child's Name.....
Age Group DOB.....
Parent/Guardian.....
Address:

Tel.....
e-mail
Alternative contact (in case of emergency).....
.....

Name of medication.....
Type of medication (e.g. inhaler, epipen).....
Strength of medication.....
Description of when this medication should be administered (e.g. coughing, swelling)

Procedures to be taken in an emergency (e.g. number of puffs, use of an epipen)

Signed (parent/guardian).....
Date.....

To be reviewed at least annually or when there are changes to the medication/ procedure