



Emergency Medication Form

Please complete the below form if you are happy for us to administer this medication in case of an emergency.

We will always try to contact you where possible before we administer any medication. If we cannot contact you, we will only administer this medication if we feel it is an emergency

Name		Date of birth		
Reason for medication	Emergency Use Only If child has an allergic reaction to something			
Name of medication (including brand if non-prescription)	Piriton			
Exact dosage required (checked against instructions on medication)	2.5ml spoonful every 4-6 hours			
Any specific requirements (e.g. before/after food, known side effects)				
I _____ give permission for staff at Mini Adventures Preschool to administer the above medication to the named child in an emergency.				
Signed:		Date:		
Date and of medication administered				
Mon	Tues	Wed	Thurs	Fri
Given by				
Witnessed by				
Parental signature				