



## 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	Fri
Given by			
Witnessed by			
Parental signature			