

CHILTERN NURSERY & TRAINING COLLEGE
RECORD OF PERMISSION FOR ONGOING MEDICATION

Name of child:	
Department:	
Details of condition/illness being treated:	
Signs and symptoms:	
Please give details of when medication should be administered e.g. time of day, symptoms shown:	
Name of medication and amount to be administered: (this may be a maximum dose).	
Are there any other actions that we can take to help relieve your child's symptoms;	
Any other relevant information:	
Please note: It is the parent's/carer's responsibility to inform that nursery of any changes to medication or dosage.	
Signature of parent:	Date:
Name of parent: (please print)	