



Prescribed medicine permission

- Medicines must be prescribed and in the original containers as dispensed by the pharmacy.
- Pippins is not responsible for any reactions through misinformation given.
- To be completed every session you wish the medicine to be administered.
- **Asthma:** the top portion of this form must be completed by parent/carer. Staff must complete an inhaler record sheet every time inhaler is administered.

Child's name	
Date	
Reason for prescribed medicine	
Name of drug to be administered	
Dosage	
Method of administration	
Frequency of administration	
Time of administration	
Expiry date of medicine	
Storage	
Are there any side effects the preschool need to be aware of?	Yes / No If yes, please give details:
Parent/carer name	
Parent/carer signed	

To be completed by staff after medicine has been given	
Name of staff member – print	
Child's name	
Name of drug	
Method of administration	
Time given	
Signed	
Date	
Witness print name	
Witness signed	
Date	