

Watford Field School
Infant & Nursery



I hereby give permission for a member of staff to administer the following medication

.....
to

(name of child)..... DOB.....

at the following times:

	Please tick / write times
Daily – before playtime (10.45am)	
Daily – before lunch (12pm)	
Daily – after lunch	
Before a PE lesson	
After a PE lesson	
When an attack occurs	
At the stated times (please write in times)	

Signed Date

Print name