



**Pre-School
Centre**

Inspiring to Achieve

**Lancaster
University**



Child's Name

Child's Room

To be completed by the parent/guardian for the above-named child.

Returning the form, fully completed with all current relevant information, to the office within a week of receiving the form.

Medical/Dietary Condition

Please list below any current medical/dietary information for your child.

Medication

Name below all medication your child is currently on.

Include medication that is kept at the Pre-School Centre.

Against the medication ensure expiry date of medication is completed

Name of Medication	When to Administer Medication	How to Administer Medication	Expiry Date of Medication

Long Term Care Plan

Please advise if your child has a long-term care plan in place

Yes

No

Long Term Medication Plan

Please advise if your child has a long-term medication plan in place

Yes

No

Signed: Print: Date: