



Permission to administer medication during school hours.

**Pupils Details**

Pupil's Forename			
Pupils Surname		Date of Birth	
Address			
Medical Condition			
Name of Medication			
Required Dosage			
Dosage Frequency			
Special Storage Requirements			
Medication is	On-Going		Temporary

- It is the responsibility of the parent/carer to supply measuring device like a spoon, or dropper with liquid medicine as the school are unable to provide these.
- I, the parent/carer will ensure that the medication will be clearly labelled with the child's name.
- I, the parent/carer agree to hand his form and medication to a member of staff and do not rely on the child handing over the form and medication.
- I, the parent/carer give permission for the above mentioned medication to be administered to the child whose name has been given on this form during school hours and at the required frequency.
- I, the parent/carer agree for the school to accurately record the times/dates of and the name of the person that administered the medication during school hours.

<b>Print Name</b>		<b>Date</b>	
<b>Signed Parent/Carer</b>			