



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.

Print Name		Date	
Signed Parent/Carer			