



Witley C. of E. Infant School



PERMISSION FOR SCHOOL STAFF TO ADMINISTER MEDICATION

Name of child		
Class		
Date medicine provided by parent		
Name of medicine		
Medical condition		
How much is to be administered and at what time	Dose	Time/s
Date the medicine was finished (returned home) for the last time		

Signed by receiving member of staff member _____

Signature of parent/carer _____

For staff only to complete:

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Continuation Sheet

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials
