Witley C of E Infant School

Parental permission to administer medicine and record of administration of medicine

The school will not give your child medicine unless you complete and sign this form. The school has a policy that staff can administer prescribed medicine.

Name of child	
Date of birth	
Class	
Medical condition or illness	
Date medicine brought in	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Date medicine finished/returned to parent	

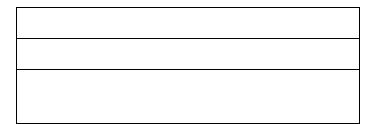
NB: Medicines <u>MUST</u> be in the original container as dispensed by pharmacy

Contact Details

Name of parent/carer

Daytime telephone no.

Member of staff receiving medicine on behalf of school



The information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature_____

Date_____

Record of medicine administered For staff use only

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Name of child		
Date		
Time given		
Dose given		
Name of member of staff		
Date		
Time given		
Dose given		
Name of member of staff		
Date		
Time given		
Dose given		
Name of member of staff		
Date		
Time given		
Dose given		
Name of member of staff		