

Prescribed medicine
brought in to school

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 MUST 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*

Name of child

Date

Time given

Dose given

Name of member of staff

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

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		