

PERMISSION TO ADMINISTER MEDICATION

All medication to be handed to school in its original packaging, as dispensed by the pharmacy

Child's Name:	Date of Birth:
Child's Year / Class:	Parent Name:
Name of Person Handing in Medication:	Contact Numbers:
Doctor's Surgery:	Telephone Number:
Medical Diagnosis or Condition (reason for medicine):	
Name of Medicine:	Type (as described on container):
Expiry Date:	Dosage & Method:
Timings:	Storage Requirements:
Dates Medicine Required, From & To:	Quantity Given:
Special Precautions / Instructions / Other:	
Side Effects That The School Setting Needs To Know About:	
Procedures To Take In An Emergency:	
Parent's Name & Signature & Date:	

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

<https://stgregorymarnhull.dorset.sch.uk/policies/>

Version 05/23

SCHOOL USE:

Staff Name & Signature & Date of Medication Received In To School:
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Time Given:	Dose Given:
Date & Name & Signature of Staff:	
Time Given:	Dose Given:
Date & Name & Signature of Staff:	

Form continued.....

Child's Name:	Class:
Medication:	Dosage & Method:

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Medication:	Dosage & Method:

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Medication:	Dosage & Method:

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