



Where learning has no limits

PERMISSION TO ADMINISTER MEDICATION

Child's Name:	Date of Birth:
Child's Address:	
Parent's Contact Number:	
Doctor's Name:	Telephone Number:
Address of Surgery:	
Reason for Medicine:	
Name of Medicine:	Storage Requirements:
Dosage:	
Times to be Administered:	
Other Information:	
Parent's Name & Signature & Date:	

Signed by school:

Date:

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