Parents' Authorisation for School to Administer Medication

Child's Full Name: _____ Class: _____

Name of medication: _____ Expiry Date: _____

Only one medication per form – please complete multiple forms if more than one medication is to be administered

Please complete relevant section:

Section A

Medication for *a* ***set period of time only***, e.g. antibiotic.

To be administered from (date) _____ until (date) _____

Dose to be given: _____

Time to be given: _____

Section B

Ongoing medication/intermittent use e.g. Piriton, Calpol.

Start date: _____ Expiry date of medicine _____

Requirements for medication to be given (severity of symptoms e.g. hayfever, temperature):

_____

_____

Dose to be given: _____

Time to be given: _____

I agree to members of staff administering the **measured dose requested** of the aforementioned medicine to my child.

Signed (Parent/Carer) _____

Date: _____ Emergency Contact No: _____

Please note it is the responsibility of the parent/carer to collect the medicine at the end of the school day.