



# Permission for Prescribed Medication in School

(one form for each medicine to be administered)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female

Medical condition requiring treatment: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

How is it to be administered: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Are there any side effects that the school should know about?

\_\_\_\_\_

Procedures to take in an emergency:

\_\_\_\_\_

## Parent / Carer Details in an Emergency

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

The above information is correct to the best of my knowledge. I have supplied the medication in the original packaging and with the Chemist label attached. The school will administer the medication as per the instructions on the label or as stated on a care plan.

I give permission for the school to administer the medication to my child. I will inform the school if the dosage or the frequency changes. I will also inform the school if the medication is stopped.

Parent/Carer signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Dated: \_\_\_\_\_