



**PUPIL MEDICATION PERMISSION FORM**

*Children who require medication during the day can be given medication in school provided a permission form is completed. School staff can only administer medicine which has been prescribed by a doctor. All medicines sent to school must be in their original container with the correct name, dosage instructions and storage advice.*

**DETAILS OF PUPIL**

NAME ..... DATE OF BIRTH .....

CONDITION OR ILLNESS .....

**MEDICATION**

NAME/TYPE OF MEDICATION (as described on the container)

.....

DATE DISPENSED .....

DOSAGE AND METHOD .....

TIMING .....

ANY OTHER INFORMATION .....

STORAGE METHOD – FRIDGE / FIRST AID ROOM

**CONTACT DETAILS** (If different from school records)

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I understand that medicines must be given to the school office and accept that this a service, which the school is not obliged to undertake.

SIGNATURE ..... DATE .....

RELATIONSHIP TO PUPIL .....

Date	Time	Given By	Dosage	Comments/Refused

QUANTITY RETURNED TO PARENT.....DATE.....