Administration of Medicines – Permission Form

This form to be completed by parents for each medicine a child requires, whether ongoing requirement or short term course. Please return this form to the school office.

I have read the **Administration of Medicines** Document (copies available in school office and downloadable from website)
I hereby give consent for Runnymede St Edward's School to administer medicine to my child as detailed in the **Administration of Medicines** document.
I confirm that: 1. It is necessary to give this medication during the school day
2. I agree to collect it at the end of the day/week/half term (delete as appropriate)
3. The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

Name:_____ Relationship to child:_____ Date:_____

Signed:_____ Head Teacher signed:_____

Name of Pupil		**Class**		Condition requiring medication	
Name of medicine		Date prescribed		Dosage	
Time(s) to administer		Start date		Finish date	
Any other relevant information (eg side effects):					Health Care Plan required? **Y / N**

Administration Record (continued on a separate sheet)

Date	**Time medicine given**	**Dosage**	**Administered by**	**2nd Member of staff present**	**Any other information**