

St. John's CE (Aided) Primary School



MEDICINES IN SCHOOL PERMISSION FORM
(please complete all questions)

The school will not give your child medicine unless you complete and sign this form.
All medication must be prescribed.

Child's name

Child's class

Doctor's name

.....

Doctor's address

.....

Name of medication

.....

Method of administering the medicine

.....

Dosage required Time to be given.....

What time was the medication last given?.....

Has your child ever had a reaction from this medication?

.....

Medicine to be refrigerated (please tick) YES NO

I give my permission to a member of staff to administer the above medicine

Signed ----- Parent/Carer

Date -----/-----/-----