



Medicine Form

Permission to administer medicine

Date:	Child's Name:	Class:

Please administer the following medication which *has been prescribed by my GP/*is non-prescribed medicine. (*Please delete as applicable)

Name of medication:	
Dosage:	Time:

Note: Medicines must be in the original container as dispensed by the pharmacist. Students should not self-administer. All medicines must be labelled with pupil's name.

Date of first dosage to be administered:	
Date of last dosage to be administered:	

Any special instructions (e.g. store in fridge, send home each night etc.)

Signed Parent/Guardian:	
Emergency Contact Number:	

An electronic copy of this form can be found in:
Staff Resources/Forms/Medicine Permission Form