

Medical Permission Form - Record of Medicine Administered to an Individual Child.

Name of school/setting	Bures CEVC Primary School
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Date			
Time Given			
Dose Given			
Any Reactions			
Name of staff member			
Staff initials			
Checked by			

Date			
Time Given			
Dose Given			
Any Reactions			
Name of staff member			
Staff initials			
Checked by			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school /setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature of Parent/Carer Date.....