

Name of Child:

Date of Birth:

## Oundle Church of England Primary School

## Permission for School Administration of Medicine

In accordance with Oundle Church of England Primary School's policy regarding the administering of medicines, the school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

All medication to be kept in school needs to be prescribed, named and in a measured dose (i.e. a syringe). For inhalers and jext/epipens, these need to be sent in to school in their original packaging as dispensed by the pharmacist.

Class:						
Condition/Illness:						
Dose	Method of administration	Time(s) to be given	Self administration (Y/N)	Expiry date		
nstructio	ns:					
	Dose	Dose Method of	Dose Method of administration to be given	Dose Method of administration given (Y/N)		

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school 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.

(Parent/Carer)

## **Record of Medicine Administration**

Date	Time	Dose	Administered by

Please return the completed form to the School Office.