

Aughton Town Green Primary School
Permission to Administer Medication
(To be returned to the School Office)

From time to time, it may be necessary for your child to take medicine for treatment of an illness. If at all possible, we would ask parents to administer this at home. If children need to take medicine at school then a member of the SLT are willing to dispense medications **ONLY WITH THE FOLLOWING:**

1. Parental authorisation signed by the parent or carer.
2. Original pharmacist labeled & named bottle.

MEDICATION DETAILS

Pupil Name: _____ Class: _____ Date of Birth: ____/____/____

Medication name: _____

Directions/Dose: _____

Date and Time of Last Dose: _____

Duration: (Dates on which the medicine is to be given): _____

Reason for medication: _____

PERMISSION TO ADMINISTER MEDICATION

I hereby give my permission for a member of the Senior Leadership Team to administer the above medication at school as directed above.

(Signature of Parent/Carer) _____

Date: ____/____/____

FOR SCHOOL USE ONLY - DATE AND TIME OF ADMINISTRATION

	Mon	Tues	Wed	Thur	Fri
Date					
Time and Dose administered					
Initials of person administering medicine					