



Studham Village CE Academy – Permission to Administer Medication Record

It is our policy that our staff will administer medication to your child only if this form is fully completed and signed by a parent/guardian. Please note that we will only accept medication which is in its original container with the label and instructions intact and legible.

Name of Child:			
Date of Birth:			
Medical Condition (if any):			
Medical Allergies (if any):			
Name of Medication on Label:			
Strength of Medicine on Label:			
Date Dispensed on Label (if any):		Expiry Date on Label:	
Dosage and Method on Label		How Often Taken on Label:	
Amount to be Given by Staff:		Timing – When to Give:	
Precautions/Special Instructions:			
Storage Instructions:			
Additional Notes:			

The above information is, to the best of my knowledge, accurate at the time of writing and I hereby give permission for the staff to administer the above medication to my child in accordance with the Administering Medicine in School Procedure which I have read. I understand that I can only leave medication for the sole use of my child which is in its original container with its label and instructions intact and legible. I understand that if there are any changes to the medication, it is my responsibility to inform a member of school staff.

Signed:	
Full Name (print):	Date:
Staff Signature:	Date:
Full Staff Name/Designation:	

If more than one medicine is to be given, a separate form should be completed for each one.



Each dose of medicine given must be signed for and witnessed by a second member of staff. Parent should countersign at the end of each day.

[illegible]