MAPPERLEY PLAINS PRIMARY SCHOOL

Pupil Medication Permission Form

The school will not give your child medicine unless you complete and sign this form.
The school has a policy that staff can administer medicine.

Please note medicines must be in the original container as dispensed by the pharmacy.

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

Date:	
Child's Name:	
Child's Class:	
Name of Medicine:	
Expiry Date:	
Dose/Amount to be given:	
Time to be given:	
Any other instructions:	

Daytime Contact No. for Parent/Carer:	
GP Name and Contact No:	

Date Medication <u>Signed IN</u> at Office:	
Parent/Carer Name:	
Parent/Carer Signature:	
Date Medication <u>Signed OUT</u> at Office:	
Parent/Carer Name:	
Parent/Carer Signature:	

Record administration on reverse

Date	Time	Dose Given	Any Reactions	Staff Signature	Print Name