Medicine Administration Consent

In order for the school to administer medicines it is essential that the following information is provided:

NAME OF CHILD	
Class	
Is the medicine prescribed by the doctor?	YES / NO
Name of medicine to be administered	
Expiry date of medicine	
Purpose of medicine	
Amount to be administered	
At which times	
Any known side effects of the medicine	

I, ... authorise the approved first aiders in school to administer the above medicine.

Signed ..... Date .....

Parent/Carer

For School Use Only

Person Designated to Administer .....

Permission Given YES/NO

Head Teacher/Deputy ..... Date .....