



Parental Permission to Administer Prescribed Medication

I give permission for the staff of Heacham Junior School to administer prescribed medication to my child as detailed below. I confirm that my child's doctor has stated that it is necessary for the medicine to be taken during school hours.

I confirm that the medication is clearly labelled with my child's name and dosage instructions.

Child's Name: _____

Class: _____

Name of Medication: _____

Dosage: _____

Time(s) to be taken: _____

- The medicine is to be taken:
- Today only
 - For _____ days until ___/___/___
 - Daily until further written notice

Does the medicine need to be stored in a refrigerator? **Y / N**

- Will the medicine be:
- Left on the school premises or;
 - Collected at the end of each day

Special Instructions: _____

Signed by Parent/Guardian _____

Name: _____

Date: _____

Confirmation of Headteacher's agreement to administer medicine

It is agreed that the child named overleaf will receive the medicine noted overleaf at the times and on the days stated overleaf.

The child will be given / supervised whilst (s)he takes their medication by any first aid trained member of staff.

This arrangement will continue until either the end date of the course of medicine or until instructed by parents.

Signed: _____ Date: _____
(Headteacher / Head of Setting / Named Member of Staff)