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## Crackley Hall School - Administration of Medication

I CONSENT TO THE ADMINISTRATION OF **EACH AND EVERY** DOSE OF MEDICATION TO BE GIVEN TO MY CHILD IN NURSERY/SCHOOL

Name of child/pupil: \_\_\_\_\_ Class: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Precise dosage: \_\_\_\_\_ (as per  
prescription/instructions)

Time/s to be administered: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY SITUATION, I GIVE PERMISSION FOR ANY NECESSARY ADVICE AND/OR TREATMENT TO BE GIVEN TO MY CHILD IN NURSERY/SCHOOL

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Action:** Staff - please complete and return to Parent/Guardian at end of each school day

Date	Time	Dosage	Staff Signature