

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: _____

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

| Date | Time | Dosage | Staff Signature |
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cc parent copy