

## 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

cc file  
cc parent copy