

**EBCHESTER C E PRIMARY SCHOOL**

**ADMINISTRATION OF MEDICATION**

<b>Name</b>		<b>Date of Birth</b>	
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I, \_\_\_\_\_, being the parent/guardian of \_\_\_\_\_, give permission for the staff of Ebchester School to administer the following medication (name of drug and dose) to my child, which has been prescribed by a registered medical practitioner.

<b>Name of Medication</b>	
<b>Dosage</b>	
<b>Method of administering the medicine</b>	
<b>Please state if the child is to administer the medication themselves, i.e inhalers</b>	
<b>Time to be administered</b>	

Signed (parent/guardian): ..... Date: .....

Address: .....

Date	Time Administered	Administered by
Date	Time Administered	Administered by

