



Administration of Medicines – Permission Form

This form to be completed by parents for each medicine a child requires, whether ongoing requirement or short term course.

Please return this form to the school office – without this form we are unable to administer medicine to your child.

I have read the **Administration of Medicines** Document (copies available in school office and downloadable from website)

I hereby give consent for Runnymede St Edward's School to administer medicine to my child as detailed in the **Administration of Medicines** document.

I confirm that:

1. It is necessary to give this medication during the school day
2. I agree to collect it at the end of the **day/week/half term (delete as appropriate)**
3. The medication is in the original container **pharmacy labelled** with the contents, dosage and child's full name, and is within its expiry date.

Name of child	
Class	
Condition requiring medication	
Name of medicine	
Dosage	
Time(s) to be given	
Any other information (e.g. side effects)	
Signed	
Print name	
Relationship to named child	
Date	