



Hitherfield Primary School And Children's Centre

Permission to administer medicine

Child's Name: _____

Date of Birth: _____

Name/Type of Medication: _____

Dosage: _____

When Last Dose Given _____

Reason for Medication _____

Start of Prescription: _____

End of Prescription: _____

Is drug self-administered? _____

Dr's Name: _____

Dr's Address: _____

Dr's Telephone Number: _____

Any other relevant medical information (ie: Allergies, family medical history etc):

Parents/Carers Name: _____

Address: _____

Emergency Contact Number: _____

Child's Medical Number: _____

Inhalers, epipens etc are stored as per Hitherfield Primary School protocol.

I hereby consent to the Manager, or a delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.

Signature of Parent/Carer: _____

Date: _____

Asthma ONLY: In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent / do not consent (delete as appropriate) for my child to receive Salbutamol from an emergency inhaler held by school for such emergencies.

Signature of Parent/Carer: _____

Date: _____

If you have any questions or comments please get in touch with the Headteacher. **Members of staff at Hitherfield Primary School will not be able to administer medication without written consent from the parent/carer.** Under no circumstances will members of staff administer medication against the will of a child.