**Bhaktivedanta Manor Primary School**

**Permission for administering medicine**

I give permission for a member of staff at Bhaktivedanta Manor Primary School to administer the below medication to my child.

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class and Year Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates when medication should be administered: From \_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Medication** | **Dose** | **Method of administration** | **When to be taken** | **Side effects** | **Contra-indications** | **Administered by/self-administered with/without supervision** |
|  |  |  |  |  |  |  |

Signature of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_