

Permission for administering medicine

I give permission for a member of staff at Gurukula – The Hare Krishna 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	Expiry Date	Dose	Method of administration	When to be taken	Side effects	Contra-indications	Administered by	Date Administered	Time Administered

Quantity received _____

Quantity returned _____

Signature of Parent/Carer: _____

Print name: _____ Date: _____