Appendix B: Parental Permission Form for the Administration of Medicines.

Date:	
Name of child & year group:	
Reason for medication:	
Name of medication:	
Has this medication been prescribed for your child?	Yes / No (please circle) *NB: In the case of prescribed medication, the medication should be clearly labelled with the child's name.*
Dosage:	
Time at which to take medication:	
Medication to be taken on (provide dates):	
Does your child have any known allergy to this medication?	Yes / No (please circle)
Your contact number (in case of a query regarding your child's health or this medication):	

The above information is correct and I agree to this medication being administered to my child according to the above instructions.

Name: _____ Date: _____

Signature: _____

Please note, we refuse to administer medication to children in the following instances:

- In the case of prescribed medication, the label shows that the medication has not been prescribed for the child in question.
- The dosage exceeds that which is recommended for a child of their age (unless we have clear written evidence from the child's doctor to say otherwise).
- The medication is not recommended for a child of their age (unless we have clear written evidence from the child's doctor).
- There is a doubt as to whether or not the child may be allergic to the medication.
- The medication has passed his expiry date.
- The Head teacher has reasonable grounds to suspect that the medication may be detrimental to the child's health.