



CHARVILLE ACADEMY

**PARENTAL PERMISSION TO ADMINISTER
MEDICINES TO CHILDREN**

Child's name:..... **D.O.B**/...../20

Class.....

I (parent/guardian) give permission for the Welfare Officer, or a delegated member of Charville Primary School, to administer medicine to my child.

I understand that the member of staff will make every effort to comply with my wishes but there may be circumstances that prevent them from carrying out my instructions.

Signed (parent/guardian)

Date

DETAILS OF MEDICATION

<u>Name of Medicine</u>	<u>Dosage/amount</u>	break/lunch
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Period of Medication as stated on prescription label

Condition or illness

Date prescribed.....

Completion date

Any other instructions.....