

Appendix 1



<b><u>Charville Academy</u></b>	
<b><u>Permission to Administer Medications Form</u></b>	
<b>Child's Full Name:</b>	
<b>Child's DOB:</b>	
<p>I ..... (parent/guardian) give permission for the Welfare Officer, or a delegated member of Charville Primary School, to administer medicine to my child.</p> <p>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.</p>	
<b>Signed:</b>	<b>(Parent/Guardian)</b>
<b>Date:</b>	
<b><u>Details of Medication</u></b>	
<b>Name of Medication:</b>	<b>Dosage/Amount:</b>
<b>Time/s Required:</b>	<b>Duration of medication/Completion date:</b>
<b>Condition or illness:</b>	
<b>Any other instructions:</b>	