



## MEDICINE PERMISSION FORM

CHILD'S NAME: .....

CLASS: .....

I authorise the following to be administered to the above named child by staff of Shepherd Primary School.

Medicine to be taken: .....

Dosage: .....

When to administer the medicine: .....

Reason for this medication to be given: .....

.....

I give permission for this medicine to be administered from:

(Date).....to .....

Expiry Date.....

Doctor's name: .....

Doctor's telephone number: .....

I understand that whilst all best efforts will be made, staff of Shepherd Primary School accept no responsibility whatsoever for omitting to administer this medicine or administering the medicine at a time different from that specified above.

Signed: ..... (Parent/Carer)

Date: .....