**Parental permissions form for administering medicine during school hours.**

It should normally only be necessary to give antibiotics/prescribed medicines in school if the dose needs to be given **four** times a day, in which case a dose is needed at lunchtime. This must be clearly stated on the medicine label to allow the school administer the medication. **Medicine must be provided in the original box and container, with the childs’ name on it, for it to be legally administered by the school.**

Name of Student

Address of Student

Date of Birth

GP

GP Tel number

**LIST OF PRESCRIBED/NON PRESCRIBED MEDICINES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Medication and strength** | **Dosage** | **Frequency** | **Duration** | **Date to Commence** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Any other instructions

Parent/Carer Signature

Date / /