

Consent to Administer Medication

Name of School: Hutton Henry CE Primary School

Name of Pupil:

Date of Birth:

Name of Medication:

Liquid, Tablet, Ointment, Formula, Inhaler - *Please circle which applies*

Dosage :

Frequency :

First Date of Administration:

First Date of Administration in School:

Projected last date of administration (if known):

Special Precautions:

Any Side Affects:

Self Administration : Yes/ No - Please delete as appropriate)

Procedures to take in an emergency:

Emergency Contact details:

*I understand that I must deliver the medication personally to Miss N Ord.
The medication must be in the pharmacists packaging with the dosage and
child's name clearly labelled.*

Signed:

Parent / Guardian

