

ANY MEDICATION PERMISSION FORM



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The Knights Templar School, Baldock will not give your child medicine unless you complete and sign this form. The Headteacher has agreed that designated school staff can administer the medication.

Details of Pupil

Surname.....Form/Class.....

Forename(s).....

Date of Birth.....

Address.....

.....Post Code.....

Condition or illness.....

Medication

Name/Type of medication.....
(As described on the container).

Directions for use:

Dose and method.....(age appropriate).

Timing.....

Special Precautions.....

Any side effects or instructions.....

Can it be self administered? Yes/ No

Procedure to take in an emergency.....

Contact details:

Name..... Daytime telephone number:.....

Relationship to pupil..... Mobile number:.....

Address if different from above.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to school staff administering medicine in accordance with school policy. I will inform the school immediately, in writing, if there is any reason why my child should no longer have this medication.

Signature..... Date.....