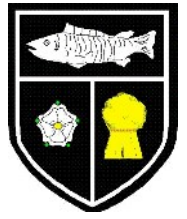


ELVINGTON CHURCH OF ENGLAND PRIMARY SCHOOL

'Working Together We Can All Achieve Success'



Authorisation for the Administration of Medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>						
Expiry date						
Dosage and method						
Timing						
Special precautions/other instructions						
Are there any side effects that the school/setting needs to know about?						
Self-administration – Y/N						
Procedures to take in an emergency						

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I understand that this information will be used for the duration of my child's attendance at Elvington Primary School unless there are any changes. I will inform the school immediately, in writing/email, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature:

Date:

Print Name:

