Grazeley Parochial C of E (Aided) Primary School



PARENTAL PERMISSION FOR THE SCHOOL TO GIVE MEDICATION

Name of Child:						
Date of Birth						
Class						
Medical Condition or	Illness					
Medicine						
Name/type of medici						
(as described on the	container)					
Dosage and method						
(The School will only						
dose per day at luncl						
Start date and total n	o of doses to be					
given or end date						
Special precautions/o						
Are there any side ef						
needs to know about	:?					
I understand medicine the end of the day are undertake and that second to be guarantee	icating contents, dosa les must be delivered and accept that this is a chool will endeavour t d).	age and the child's na personally to the Sch a service which the sc to give the medicine a	nool Office and picked un hool is not obliged to not the time requested (th	ıp at		
Signed:Parent/Guardian						
Contact number:		Date:				
Approved by the Hea	adteacher:					
The Governors and Headteacher reserve the right to withdraw this service						
Administered by	Quantity received	Time given	Date			
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Administered by	Quantity received	Time given	Date