Hebden Royd C.E. Primary & Nursery School

Permission to Administer Medicine – Parental Consent Form

*This form **MUST** be completed and signed by the Parent / Carer when requesting that medicine be given to any pupil during school hours.*

If medicine is to be given 4 times a day – it is anticipated that the pupil should not be in school, and this will be taken into consideration when Parents are requested to complete this form.

NAME of PUPIL _____ CLASS _____

I give permission for _____ to administer medicine

to my child (named above) as per the instructions on the bottle / packet.

Signed _____ Parent Date _____

Type of Medicine: _____

Medicine Administered

(To be completed by the person administering the medicine)

Date	Time	Amount given	Signed