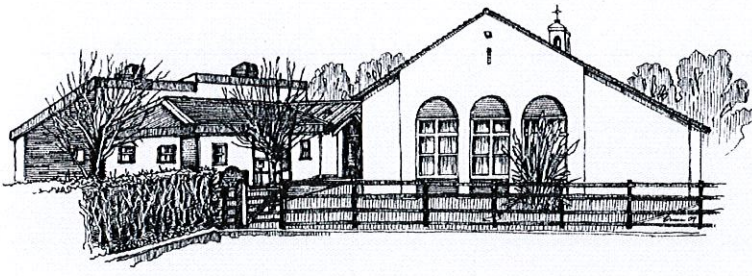
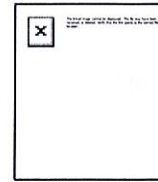


APPENDIX #3



ASHCOTT PRIMARY SCHOOL

Ashcott
Bridgwater
Somerset
TA7 9PP



Tel: 01458 210464

Fax: 01458 210319

Email: office@ashcott.somerset.sch.uk

www.ashcott.somerset.sch.uk

Headteacher: Mr Richard Briar

PERMISSION TO ADMINISTER MEDICINE TO A CHILD

Child's name: Date of Birth:

I give consent for the school to administer the following:

Name of medication:

Reason for medication:

Time(s)/frequency:

Dosage:

Dates:

How medication is to be given:

Time medication was last administered:

How medication should be stored:

Signed: (Parent/Carer) Date:

