MADRAS V.A.PRIMARY SCHOOL, PENLEY, WREXHAM

Authorisation to administer essential medication in school.

Name of Child ……………………………………………………………………………………………..

Medication name and dosage, including times to be administered ;-

…………………………………………………………………………………………………………………………

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………………………………………………………………………………………………………………………..

Reason for medication :-

…………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

Signature……………………………………………………………………… ( Parent / Guardian)

Date ………………………………………………………………………………………..