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**;-

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

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

**Number of days to be administered** …………………………………………………………………

Reason for medication:-

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

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

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

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

**For school use**

|  |  |  |
| --- | --- | --- |
| **Date** | **Time administered** | **Signature** |
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