

Administration of medication – Parent/Carer permission form

Name of Medication	Reason for Medication	Method of administration	Dosage (e.g. 1 x 5ml)	Timing and frequency of dosage	Details of any possible side effects	Permission to self administer?* YES/NO

There will be two adults present when medication is administered to a child

* Children self administering will be supervised

Child's name:

Year group:

Signature of parent/carers given permission:

Signature of staff member responsible:

Date: