Parent/Carer permission form for administration of medication in school
All medication must be in original packaging with prescription label present (if applicable)

Child's name and year group:

Signature of parent/carer given permission:

Date range medication to be given: **Staff member who took in medication:**

Name of Medication	Reason for Medication	Method of administration (e.g. oral)	Dosage (e.g. 1 x 5ml)	Times and frequency of dosage	Details of any possible side effects	Permission to self administer?*

* Children self administering will be supervised
There will be two adults present when medication is administered to a child

Administration of medication log

Date and time	Name of child and year group	Medication administered	Self administered?*	Dosage (e.g. 1 x 5ml)	Adult 1 full name	Adult 2 full name

*under adult supervision