



Deerhurst and Apperley Church of England School

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Administration of Medication Form

Child's name Class

Medical condition

I give permission for my child to be given the following:

Name of medication

Form (e.g - tablet/liquid)

Amount to be given

Time

Start date

Finish date

Any other information

Details of any medication given before school Time Dose

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer the medication in accordance with the school and LA guidance. I will inform the school in writing immediately if there is any change in dosage or frequency of the medicine.

Date Given		
Time Given		
Dose Given		
Staff Name		
Staff Initials		

Signed Parent/Guardian

Print

Date

