



Worthington Primary School Permission Form To Administer Prescribed Medication.



I/We give permission for my child to receive the named prescribed medication, as per the information below until the duration of the prescription and that my emergency contact details are the same as stored in the office files:

(Please note we are unable to administer non-prescription medicines in school.)

Name of Child.	Class	Medicine to be administered.	Check date of medicine. (Tick)	Dosage to be administered.	Time to be administered (approximately)	Staff initials for when administered with date.

Any other information:

Signature: _____ Date: _____

Print full name: _____ Parent/Carer.



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