

Medication Permission Form

Provided by Ealing School Nurses – May 2019



Twyford
C of E
High School

In line with the Trust's 'policy, the school will not give your child medicine unless you complete and sign this form:

Name of school/setting:	
Date:	
Pupil's name:	
Group/class/form:	

Name and strength of medicine:	
Reason for use:	
Expiry date:	
How much to give (i.e. dose to be given)?:	
When to be given:	
Any other instructions:	
Number of tablets/quantity to be given to school/setting:	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer:	
Name of GP, GP practice name and phone number:	
Agreed review date to be initiated by:	

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

Parent/Carer signature:	
Parent/Carer printed name:	
Date:	
Designated member of staff's signature:	
Designated member of staff's printed name:	
Date:	