



Seven Stars Primary School
 Peacock Hall Road
 Leyland
 PR25 1TD
 Tel: 01772 422503
 Fax: 01772 455189
 www.seven-stars.lancsnafl.ac.uk

'Where children come first'

PERMISSION TO ADMINISTER MEDICINE IN SCHOOL

Childs name	
Date of birth	
Class	
Name of medicine	
Dosage	
Frequency /time to be given	
Length of treatment	
Expiry Date	
Special instructions eg keep in fridge	

I consent to my child named above to have the detailed medicine administered by the Head teacher or the Head teacher's nominated member of staff.

I confirm that the medication is clearly labelled with my child's name, date of birth and class number, and full dosage instructions (including measuring spoon) are correct*.

Parents/guardians
signature.....

.....
Date.....

.....

*Please note, if any details are incorrect or missing, medication will not be administered until confirmation received and safeguarding has been observed



Headteacher: Mr. M. Mitchell
 Email: head@seven-stars.lancs.sch.uk



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