

Parental Permission – Administering Medicines

Child's Personal Details

Surname of Child	
Forename(s) of Child	

In order for Springmead staff to administer any prescribed medication to your child, this form must be completed for every course of medicine to be administered during school hours.

All medicines/lotions must be clearly marked with the child's full name and (where appropriate) the prescribed dosage.

All medicines/lotions must be:

- Handed to an adult, and a form must be completed when brought into school;**
- and**
- Must be collected by an adult at the end of the school day.**

Staff cannot administer prescribed medicines/lotions without written parental permission.

Full Name of Prescribed Medicine/Lotion (Please note a separate form must be completed for each prescribed medicine)	
Dose to be given	
At the following times	
Commencing	
Ending	

I confirm that I give authorisation for the above named prescribed medicine/lotion to be administered by the school as detailed above.

Parent's Name	
Parent's Signature	
Date	____/____/_____

Please complete and return this form to the Administration Office.



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