

# Elmsleigh Infant and Nursery School

## Administering Medication Permission Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name and Type of Medication: \_\_\_\_\_

Dosage and Frequency of Medicine: \_\_\_\_\_  
(please note that we cannot guarantee a specific time)

Start of Prescription (DD/MM/YY): \_\_\_\_\_

End of Prescription (DD/MM/YY): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address and Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant medical information (i.e. Allergies, family medical history): \_\_\_\_\_

\_\_\_\_\_

Parents/Carers or Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Elmsleigh Infant and Nursery School

Emergency Contact Numbers (Home and Mobile): \_\_\_\_\_

---

I give my consent to the first aider, or a delegated member of staff to administer the above medication according to the details given here and any other relevant medical advice which I have made clear on this form to Elmsleigh Infant and Nursery School.

I give permission for staff to administer the spare inhaler in an emergency if my child's is not available. I understand it is my responsibility to replace any medication and check expiry dates.

I request that the treatment be given in accordance with the above information by a named member of school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with drugs and medicines in the original duplicate labelled containers, provided by the dispensing chemist.

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Note: Members of staff at the School will not be able to administer medication to your child if you do not complete and return this form.**