

# St Giles' C of E (Aided) Infant School



Dene Road • Ashted • SURREY • KT21 1EA

HEAD TEACHER : Mrs Nicola Angus

## MEDICATION ADMINISTRATION PERMISSION FORM

|                                  |                                 |
|----------------------------------|---------------------------------|
| Name of school/setting           | St. Giles' C of E Infant School |
| Name of child                    |                                 |
| Date medicine provided by parent |                                 |
| Group/class/form                 |                                 |
| Quantity received                |                                 |
| Name and strength of medicine    |                                 |
| Expiry date                      |                                 |
| Quantity returned                |                                 |
| Dose and frequency of medicine   |                                 |

Please tick the appropriate box

My child will be responsible for the self-administration of medicines with supervision.

I agree to members of staff administering medicines/providing treatment to my child as directed.

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

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## Record of medicine administered to an individual child (Continued)

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

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