



Leintwardine Endowed C.E. Primary School Administration of medicine in school

Child's name	
Class	
Name of medicine	
Time of administration	
Dates of administration	
Dosage to be given	
Number of tablets or Sachets handed to school in original packaging	
I give my permission for my child named above to have the named prescribed medicine administered in School. I will be responsible for the delivery and collection of the medicine.	
Parent / guardian signature	