

St Giles' C of E (Aided) Infant School



Dene Road • Ashted • SURREY • KT21 1EA

EXECUTIVE HEAD TEACHER : Mrs Mercy Atkins

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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Tel 01372 272017

Email office@stgiles.surrey.sch.uk

www.stgiles.surrey.sch.co.uk



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			

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Record of medicine administered to an individual child (Continued)

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

Date			
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Dose given			
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