



BARNARD CASTLE SCHOOL

Requests for administration of medicines

We are required to obtain prior written permission for each and every medicine from parents/guardians before any medication is administered.

Name of child:

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Medication and dose:

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Time of administration:

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Length of treatment:

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Has the pharmacist's instructions been provided on the medication?

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Parent Name:

Parent Signature:

Date:

School Staff use only Child Name	Date of administration	Time	Medical staff signature