



St Mark's C of E Junior School

Growing together,
becoming all we are created to be.

Administration of Medication Form

Child's name _____ Class _____

Medical condition _____

I give permission for my child to be given the following:

Name of medication
Form (e.g – tablet/liquid)
Amount to be given
Time
Start date
Finish date
Any other information
.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer the medication in accordance with the school and LA guidance. I will inform the school in writing immediately if there is any change in dosage or frequency of the medicine.

Signed
Parent/Guardian _____ Date _____