

# Benwick Primary School

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## MEDICATION PERMISSION FORM

**Parents / Carers please note:** We are now able to administer prescription medication prescribed by your doctor and some over the counter medicines for minor health problems such as paracetamol, ibuprofen and hayfever remedies. Please NAME the item.

Prescribed Medication must show clearly the doctors label with the name of the child and the correct dosage.

Name of child.....

Days and Time to be given.....

Name of Medication.....

Is medication oral or topical i.e. creams etc. Please tick one box

Oral

Topical

Dosage.....

Parent / Carer Consent.....Date.....

**Medication Administration Log - to be filled in by staff administering the medication:**

Date, Time and Staff Initials


