



St Bede Primary School, Gordon Road, Winchester SO23 7DD

### Permission to Administer Medicine form

<b>Child's name:</b>	<b>Date of birth:</b>
<b>Child's address:</b>	<b>Parent's contact no:</b>
<b>Doctor's name:</b>	<b>Telephone no:</b>
<b>Address of surgery:</b>	
<b>Reason for medicine:</b>	
<b>Name of medicine:</b>	
<b>Storage requirements:</b>	
<b>Dosage:</b>	
<b>Times to be administered:</b>	

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature:

\_\_\_\_\_

Parent's name:

\_\_\_\_\_

Date: \_\_\_\_\_

- Staff at The Ark after School Club will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child. If you have any concerns/queries, please contact the Ark After School Club Play Leader.