

Heatherley Primary School



Medical Administration Form

Section 1 Child Details

Name of Child

Class teacher.....

Date of Birth.....

Section 2 Details of illness

Illness

Medication

Dosage

When to be administered

How many days for

Storage of medication

Section 3 Parent/Carer contact details

Name Telephone Number

I/We hereby agree for my child to be administered this medication by a member of staff.

Signed (Parent/Carer)

Date

