

APPENDIX ONE - MEDICATION PERMISSION SLIP

In signing this slip, parents give permission for the administration of prescribed medication as detailed by a doctor for short-term illness and in an emergency for long-term illness.

Pupil's Name		Year	
DETAILS OF MEDICINE PROVIDED			
Date			
Name of Medication			
Reason for Medication or Medical Condition			
Device/Equipment/Bottle Provided			
Expiry Date of Medication			
Signature of Parent			
Signature of Staff Member/Headmistress			
SHORT-TERM ILLNESS E.G COUGHS AND COLDS			
Time the last dose was administered			
Time the next dose is due			
Dosage			
LONG-TERM ILLNESS E.G ASTHMA, DIABETES, EPILEPSY AND ALLERGIES <i>Parents must provide TWO name-labelled and in date EpiPens for school use</i>			
Dosage to be administered			
When dose is to be administered			
Details of symptoms, signs and triggers			
Extra arrangements for school trips			
ADMINISTRATION OF MEDICINES			
Time/Date medication was administered			
Dose			
Name of staff administering medication			
Signature of staff administering medication			
Medication stored correctly	Yes / No	(Delete as appropriate)	
RETURN OF MEDICINES			
Time/Date medication returned to parents			
Signature of staff member		Signature of parent	