**Authorisation for medication to be given in school**

If medication is prescribed by a doctor needs to be administered in school due to dosage times, could you please complete the form below.

I …………………………………………………give permission for Mrs Walker, Mrs Poulter or Mrs Rule to administer the following medication.

Name of child ……………………………………………………………………

Name of medication ………………………………………………………………..

Dosage and time …………………………………………………………………………..

Condition medication prescribed for ……………………………………………………………………………………………..………………………………………………

…………………………………………………………………………………………..…………………………………………………

Signed ……………………………………………………………………….