

# HELE'S SCHOOL

## ADMINISTRATION OF MEDICINE FORM

Student name:	
Tutor Group:	
Date of birth:	
Contact name / relationship:	
Address:	
Daytime telephone number:	
Medical condition / illness:	
Medicine:	<b>Dosage and method:</b> (Please include side effects / special precautions / other instructions)
Self-Administration:	Yes / No

1. I give permission for my child to carry their asthma inhaler with them whilst at school and to manage its use.
2. I give permission for my child to manage the use of their own pen injector for diabetes.
3. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school / setting staff administering medicine in accordance with the school / setting policy. I will inform the school / setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature: ..... Date: .....  
 (Parent / carer)