# Marine Park First School - Permission to Administer Medication.

***Note:*** ***Medicines must be in the original container as dispenced by the Pharmacy and the Parent / Carer must have administered the first dose of any medication***

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|---|---|
| Name of School/Setting | ***Marine Park First School*** |
| Name of Child | |
| Class | |
| Medical Condition | |
| Name of Medicine | |
| Expiry Date | |
| Date received | |
| Dose, frequency and storage instructions (as printed on medicine) | |
| Are there any side effects school needs to know about | |
| End date or duration of course of medication | |
| Special Precautions | |
| Procedures in case of emergency | |
| Emergency Contact Details | |
| Any other information. | |

- ***I confirm that this medicine has been administered without adverse effect in the past.***
- ***I agree that I am happy for school to administer this medication in accordance with the school policy.***

*Medication will be given and supervised by qualified first aid trained members of staff*

Signature of Parent / Carer _____ Date: _____

Signature of Staff Member _____ Date: _____