**St Kenelm’s School**

**Administration of Medicine Consent Form**

**ADMINISTRATION OF MEDICINES**

NAME OF CHILD: ……………………………………………….. CLASS: ……………………

KNOWN ALLERGIES: …………………………………………………………………………………………………………………..

I give permission for ……………………………………. (name of staff member/s) to administer

……………………………………… (state dose/amount) of the following medicine: ………………………………..

This medicine has been prescribed for ………………………………………………………………….. (give reason).

SIGNED: …………………………………………………… (Parent/Guardian)

DATE: ……………………………………..