



Penair School
Medication Permission Form



Students Name.....T/G:.....

Medication:.....

Dosage:.....Time:.....

Reason:.....

.....

Start Date..... Finish Date,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, As Necessary.....

Parent/Carer Details:

Full Name (printed):.....

Address:.....

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Telephone number:.....

.....

Signature:.....Date:.....

Any Medication that is to be administered during school hours must be handed in to our First Aider in its original complete packaging with 'Patient Information Leaflet' enclosed and this form fully completed by the student's Parent/Carer.

No medicine or tablets can be administered without this form.