

## Hitherfield Primary School and Children's Centre - Permission to administer medicine

Child's Name	
Child's Class	
Date of birth	
Name/Type of Medication	
Time for medication to be given	
Reason for Medication	
Start of Prescription	
End of Prescription	
Dr's Surgery Name	
Parents/Carers Name	
Emergency Contact Number	

Inhalers, Adrenaline Auto-Injectors etc. are stored as per Hitherfield Primary School protocol (Medications Policy on Website). I hereby consent to the Manager, or a delegated member of staff, administering the above medication according to the details given here and any other relevant medical advice.

Parents/Carers signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Asthma ONLY:**

**In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent / do not consent (delete as appropriate) for my child to receive Salbutamol from an emergency inhaler held by school for such emergencies.**

**Parents/Carers signature: \_\_\_\_\_ Date: \_\_\_\_\_**

If you have any questions or comments please get in touch with the Headteacher. **Members of staff at Hitherfield Primary School will not be able to administer medication without written consent from the parent/carer.** Under no circumstances will members of staff administer medication against the will of a child.