



# Northern Parade Schools



## & Resource Base for Hearing Impaired Children

Doyle Avenue Portsmouth Hampshire P02 9NE

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Headteacher: Mrs S Wilson BEd (Hons)

### ADMINISTERING MEDICATION FORM

Child's name	
Date of Birth	
Name/type of medication	
Dosage	
Start of prescription	
End of prescription	
Doctors name	
Doctors address	
Doctors telephone number	
Any other relevant medical information (i.e. Allergies, family medical history etc.)	

PTO....



Parent/Carers name .....

Address.....  
.....  
.....

Emergency Contact telephone number.....  
.....

I hereby consent to the teachers or delegated member of staff, administrating the above medication according to the details given here and any other relevant medical advice.

Signature of Parent/Carer.....

Date.....

**Please note:**

Members of staff will not be able to administer medication to your child if you do not complete and return this form. Under no circumstances will members of staff administer medication against the will of the child.

**RECORD OF PRESCRIBED MEDICINES GIVEN TO CHILD AT NORTHERN PARADE  
FEDERATED SCHOOLS**

CHILDS NAME..... DOB.....

	DATE	TIME	Medicine Given	Dose	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

