



Benington C of E Primary School

Voluntary Controlled

Headteacher: Mrs B. Swann

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PARENTAL PERMISSION FOR THE ADMINISTRATION OF MEDICINES

Details of Pupil:

Name.....Date of Birth

Class.....

Condition / Illness

Medication:

Name of medication.....

How long will your child need this medication.....

What is the dosage for your child.....

When should it be given?

Permission:

- I give permission for the class teacher to administer the above medicine.
- I understand that I must deliver the medicine personally to the school office and accept that it is a service which the school is not obliged to undertake.
- I have supplied the medicine in a container **clearly marked with my child's name.**

My child.....has been given an inhaler by their doctor. This is to be used when needed and taken on school trips. They are not being seen by the asthma clinic. I understand that I am responsible for ensuring that the inhaler is in date.

Please keep us updated on any changes to this medication.

Signature.....Date

Relationship to pupil.....