

## Medicine Administration Permission Form

**There is no legal duty that requires school staff to administer medication: This is a voluntary role.  
All medicines (along with this form) must be given to Mrs Thompson or Mrs Rea**

I request that a member of staff of Loughries Integrated Primary School administer the following to my child;

**Child's Name:** \_\_\_\_\_

**Name of Medicine:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Time(s):** \_\_\_\_\_

**Date(s)** Medicine should be administered between

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

Please note that for reasons of safety, no child should carry and administer their own medication, or be responsible for administering medicine to a younger sibling. The only exception to this may be some asthma and anaphylaxis sufferers.

I give permission for my child to carry their own Medicine during school.

Signed: \_\_\_\_\_

I give permission for my child to administer their own medication when it is appropriate to do so. Eg use an inhaler or insulin pen.

Signed: \_\_\_\_\_

Parents should follow the "Guidance on infection control in schools and other childcare settings" for advice contact [www.publichealth.hscni.net](http://www.publichealth.hscni.net) under publications.

