



Medical Permission Form - parental permission for school to administer medicine to your child

Bleasby C of E Primary

Child's Name:	
Date of Birth:	
Child's Address:	
GP Name:	
GP Phone No.	

List of Prescribed Medicines

Name of Medication and Strength	Dosage	Frequency	Duration	Date to Commence

Additional Instructions:

Parent Signature:	
Date:	
Headteacher Signature	
Date:	