



**Godmanchester  
Bridge Academy**



**PUPIL MEDICATION PERMISSION FORM**

*Children who require medication during the day can be given medication in school provided a permission form is completed. School staff can only administer medicine which has been prescribed by a doctor. All medicines sent to school must be in their original container with the correct name, dosage instructions and storage advice.*

**DETAILS OF PUPIL**

NAME ..... DATE OF BIRTH .....

CONDITION OR ILLNESS .....

**MEDICATION**

NAME/TYPE OF MEDICATION (as described on the container)

.....

DATE DISPENSED .....

DATE OF EXPIRY .....

DOSAGE AND METHOD .....

TIMING .....

ANY OTHER INFORMATION .....

STORAGE METHOD – FRIDGE / FIRST AID ROOM / CLASSROOM

I understand that medicines must be given to the school office and accept that this a service, which the school is not obliged to undertake. All asthma medication must be given to the teacher.

I have checked the expiry date of the medicine and I will ensure that any medicines that are due to expire will be replaced promptly

SIGNATURE ..... DATE .....

RELATIONSHIP TO PUPIL .....

Date	Time	Given By	Dosage	Comments/Refused

QUANTITY RETURNED TO PARENT.....DATE.....