

**St. James School**  
**PERMISSION TO ADMINISTER MEDICINES IN SCHOOL**

This form needs completing by parents/person with parental responsibility prior to medicines being administered. Medicines must be in original packaging with name of child, name of medicine and dosage instructions. If this form does not accompany any medicines, they will not be accepted into school. Please complete all sections. Children with inhalers and epipens also require this form to be completed.

<b>NAME OF CHILD</b>	<b>DATE OF BIRTH</b>
<b>NAME OF MEDICINE</b>	<b>SCHOOL YEAR</b>
<b>TIME(S) OF DOSAGE</b>	<b>DOSAGE TO BE GIVEN</b>
<b>ANY KNOWN ALLERGIES</b>	<b>TEL.CONTACT NUMBER</b>
<b>SPECIAL INSTRUCTIONS/REQUIREMENTS</b>	<b>TEL.CONTACT NUMBER</b>
<b>SIGNATURE OF PARENT/PERSON WITH PARENTAL RESPONSIBILITY</b>	
<b>DATE.....</b>	

<u>Date</u>	<u>Dose</u>	<u>Time</u>	<u>Administered by</u>	<u>Parent signature</u>	<u>Date</u>	<u>Dose</u>	<u>Time</u>	<u>Administered by</u>	<u>Parent Signature</u>

**Completed forms to be returned to your child's form teacher with the medicine for safe keeping. Inhalers may be carried by**

