

**Headteacher**  
Mrs S Thompson



**Berkley C of E First School**  
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**You have asked Berkley School to administer medicine to your child whilst they are in school. Please complete and sign the permission slip below, giving details of the medication and administering details.**

Record of Administration for: \_\_\_\_\_

**I give my permission for a member of staff to administer my child his/her medicine.**

The medicine is \_\_\_\_\_

Dosage \_\_\_\_\_

Needs to be taken for \_\_\_\_\_

It needs to be taken at (times) \_\_\_\_\_

It needs to be taken between \_\_\_\_\_ and \_\_\_\_\_ (Dates)

Continuous ☐ Please tick

Signed by parent/carer \_\_\_\_\_

Date \_\_\_\_\_



**Let Your Light Shine**



Record of Administration for: \_\_\_\_\_

Name of Medicine	Date	Time given	By whom	Witnessed by





**Let Your Light Shine**

