



**Brunswick House**  
Primary School

Brunswick House School  
Leafy Lane  
Maidstone  
Kent  
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**MEDICINE PERMISSION FORM**  
**for prescribed medication only -**  
**The school is unable to administer any other medication**

To be completed by the parent/guardian. If more than one medicine is to be given, a separate form should be completed for each.

**Other than for regular daily medication (eg Ventolin) this form is valid for 1 month from date listed below**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

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

Amount of Medicine received \_\_\_\_\_ Expiry date of Medicine \_\_\_\_\_

How much to give (ie dose) \_\_\_\_\_ Times to be given \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Medicine brought into office by: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Any other instructions: \_\_\_\_\_

***Please note this form is not for ASTHMA Medication. Please fill out the appropriated Asthma medication form. You many need to discuss with the SENCO on how your child's asthma will be managed***

**DECLARATION**

I request that the above medication be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

**I undertake to supply the school with medicines in properly labelled containers that have the label from the chemist with the child's name clearly stated along with the dosage.**

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent, and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed \_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_

**Respect**

**Teamwork**

**Empathy**

**Self-Belief**

**Honesty**

