

# Northcote Primary School

## Permission to give medication

Together with North Liverpool Primary Care Trust School Health Services

Name of Child.....

Address of Child.....

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Date of Birth.....

GP Surgery/Address.....

ONLY MEDICATION PRESCRIBED BY GP CAN BE GIVEN, MUST HAVE  
PHARMACIST LABEL ON MEDICINE.

| Name of Medication and Strength | Dosage | Frequency | Duration | Date to commence |
|---------------------------------|--------|-----------|----------|------------------|
|                                 |        |           |          |                  |
|                                 |        |           |          |                  |
|                                 |        |           |          |                  |
|                                 |        |           |          |                  |

Any other Instruction (eg what time to be given).....

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Signature of Parent.....Dated.....