

Medicine Permission Form

“Iparent/guardian
ofrequest and give permission
for the Headteacher, or person acting on his/her authority, to administer
.....(name of medicine or drug)
in accordance with
..... (instructions).

I understand that neither the Headteacher (or the person acting on his/her authority) nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medicine or drug unless it was caused by the negligence of the Headteacher, the person acting on his/her authority or Suffolk County Council, as the case may be.

Date

Signed

(Parent/Guardian)