

**TEMPORARY ADMINISTRATION OF MEDICINE FORM**

**Please complete this form and**

**email to the class teacher and**

**school office admin@busbridge-junior.surrey.sch.uk**

Child’s Name………………………………………… Class……………

I give permission for the staff at Busbridge CofE Junior School to administer the following medicine to my child:

Description/Name of medicine……………………………………………..

…………………………………………………………………………………

Dosage………………………………………………………………………..

Date to start medication…………………………………………..…………

Date to finish medication………………………………...………………….

Signed………………………………………………………………………...

Parent/Guardian

Date……………………………………