



**THE VILLAGE SCHOOL**  
2 Parkhill Road, London NW3 2YN

## Administration of Medication

Name of Parent ..... Tel. No. ....

Name of Daughter ..... Class .....

Name of Medicine .....

Name of Doctor who prescribed medicine & his/her contact details

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How the medicine should be administered .....

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Dose ..... When medicine is to be given .....

How medicine should be stored.....

Any other instructions .....

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The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information.

Signed ..... Date .....