

# Benwick Primary School



High Street, Benwick, March, Cambs. PE15 0XA

Telephone: 01354 677266

email: [office@benwick.cambs.sch.uk](mailto:office@benwick.cambs.sch.uk)

Headteacher: Mrs. Clare Talbot

[www.benwick.cambs.sch.uk](http://www.benwick.cambs.sch.uk)

## PRESCRIPTION MEDICATION PERMISSION FORM

**Parents / Carers please note:** No over the counter medication can be given to children, only medication prescribed by the doctor.

Please NAME the item.

Medication must show clearly the doctors label with the name of the child and the correct dosage.

Name of child.....

Day/s and Time to be given.....

Name of Medication.....

Is medication oral or topical i.e. creams etc. Please tick one box

Oral

Topical

Dosage.....

Parent / Carer Consent.....Date.....

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**Medication Administration Log - to be filled in by staff administering the medication:**

Date, Time and Staff Initials


