

ACE Medicine Authorisation Form

Please note as per our medicine policy, we can only accept PRESCRIBED medication that has to be taken 4 OR MORE times daily. Please provide a measuring spoon for liquid medicine.

Date:			
Child's name:		Class:	
Name of medication:			
When needed:		Dose:	
Is it needed for more than one day?	Yes/No	Does it need to go home each day?	Yes/No
I hereby give permission for the medication stated above to be held by Allerton CE Primary School for my child to take according to the times and dosage stated above.			
Parent/carer signature		Print parent/carer name	