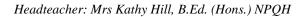
41 Hydethorpe Avenue, Edmonton, London, N9 9RS
Telephone: 020 8807 2679 Fax: 020 8807 8696
E-mail: office@latymerallsaints.enfield.sch.uk



DETAILS OF PUPIL



Authorisation to administer prescribed medication

Forename		Date of birth
Condition or illness	S	
MEDICATION Name/Type of Med	lication (as described on the	container)
	our child take this medication	on
Medication requir	ed should be clearly marke	ed with clear instructions for use.
Please specify aller	gies	
Full Directions for Dosage and Method Timing	d	
Side effects		
Procedures to take i	in an emergency	
Relationship to pupil	daytime	telephone No
I understand that I must a service which the sch I also authorise the qua	t deliver the medicine personally to ool is not obliged to undertake. lified first aiders to administer the	o Welfare or to the class teacher and accept that this is above medicine and release them from all further any unforeseen circumstances which might arise.
Date	Signature(s)	
Palationship to pupil		