



Norfolk House School

**HOLIDAY CLUB
MEDICATION PERMISSION SLIP**

CHILD'S NAME _____

| | |
|---|-----------------------------------|
| Date | |
| RECEIPT OF MEDICATION | |
| Name of Medication | |
| Reason for Medication | |
| Time the last dose was administered | |
| Time the next dose is due | |
| Does | |
| Signature of parent/carer | |
| Signature of Headmistress/Manager | |
| ADMINISTRATION OF MEDICATION | |
| Time medication was administered | |
| Dose | |
| Name of staff administering medication | |
| Signature of staff administering medication | |
| Medication stored correctly | Yes/No (Delete as appropriate) |
| RETURN OF MEDICATION TO PARENT/CARER | |
| Time medication returned to parent/carer | |
| Signature of staff | |
| Signature of parent/carer | |
| Comments: | |