

**St Luke’s CE Primary School**

**Queen’s Park Road, Heywood, Lancs, OL10 4XB**

**Telephone: 01706 369443**

**Web:** [**www.stlukesce.co.uk**](http://www.stlukesce.co.uk)

**Email:** [**office@stlukesceprimary.co.uk**](mailto:office@stlukesceprimary.co.uk)

**Head teacher: Mrs K Farrall**

**Medicine Administration Record**

I hereby give permission for medication to be held by St Luke’s Primary School for my child to take according to the dosage instructions below:

Date …………………………………………………………………………………………………………

Name of pupil ………………………………………………………………………………………………

Class ………………………………………………………………………………………………………..

Duration of medication ……………………………………………………………………………………

Medication name/dosage …………………………………………………………………………………

Storage required …………………………………………………………………………………………..

Parent signature …………………………………………………………………………………………...

Print name ………………………………………………………………………………………………….

Stickers Yes No