

## Form E – Authorisation for the administration of emergency medication

*To be completed where administering of emergency medication may be required (eg. Salbutamol Inhaler, EpiPen)*

Shiremoor Primary School	
Child's Name:	
Child's Class:	
Date of Birth:	
Home Address:	
Name of G.P.	
Name of Hospital Consultant (if applicable):	
Details of administration of medication:	

First Aider Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer Signature \_\_\_\_\_ Date: \_\_\_\_\_