

PERMISSION FOR SCHOOL TO ADMINISTER MEDICINES

The school will not give your child medicine unless you complete and sign this form.



PUPIL'S DETAILS

Surname.....

Forename(s).....

Class.....

D.O.B.....

Condition or illness.....

MEDICATION

Name/Type of Medication (as described on the container)

For how long will your child take this medication.....

Date dispensed.....

Dosage and method.....

Time of dosage to be given during school hours.....

Special Precautions/Side Effects.....

*please use the back of this sheet to expand on dosage/treatment if needed

CONTACT DETAILS (In the case of an emergency please state the primary contact to be used)

Name..... Daytime Phone Number.....

Relationship to pupil.....

Address.....

I understand that I must deliver the medicine personally to the school office and the medicine must be clearly marked with my child's name.

Date..... Signature.....

*In the event of any changes of routine (child out of school on a visit/child's hospital appointment) it is the responsibility of the parents to inform the school how the medicine should be stored and when it is to be administered.

*There is no legal duty for staff to administer medication; it is a voluntary role which I agree that the staff can undertake.

*The school will endeavour to administer the medicine as stated overleaf but cannot legally be held accountable if for some reason a dosage is missed or given late.