



Administration of Medication in Educational Establishments.

Child's Name:	
Name of medicine:	
Dosage:	
Time / frequency of dosage:	

All medicines must be handed directly to a member of staff. If medicine needs to be returned please indicate this in the relevant section of this form and a member of staff will hand it over at the end of the school day. All medication must be prescribed by a medical practitioner. I give consent for the medication above to be administered by school.

Signed [parent / guardian]:

.....

Date:

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Address:

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Please tick:

Medicine to be kept in school

Medicine to be returned to parent / carer daily

Notes:

1. Medication will not be administered by the establishment unless this authorisation is completed and signed by the parent/guardian of the pupil.
2. The Governors and Head Teacher of the Establishment reserve the right to withdraw this service.