

Medicines to be Administered in School

Parents/Carers must fully complete the form when presenting medicines for administering in school. Should a parent / carer present unprescribed medicines, it is at the discretion of the Headteacher as to whether the school administers this medicine.

Pupil Details		
Name:		
Date of Birth:		
Class Teacher:		
Name of child's GP:		
Address of GP:		
The GP or hospital doctor has prescribed the following medication:		Please tick to confirm
It is in the container in which it was dispensed, clearly labelled with the contents, dosage and child's name in full:		
Name of medication:		
Date prescribed:		
Dose to be given:		
Frequency of doses:		
Illness / Condition details		
Reason why your child is receiving medication:		
child has been given a dose of this medication be has not expired and that there will be enough m medicine from the school at the end of the sum sell-by date. I accept that the school will destroy	efore comi edicine su mer term. any unuse d and sign	to undertake. I accept full responsibility for informing the school if my ng to school. I accept responsibility for ensuring that the medicine opplied to the school for my child's needs. I will collect all unused accept that I must collect all medicines that have exceeded their and medication that remains uncollected. Note: The school will not ed by the parent/carer of the pupil and the head teacher agrees the ves the right to withdraw this service.
Parent /Carer Name: Signature:		

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