

Medicines to be Administered in School Parents/Carers must fully complete the form when presenting prescribed 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.

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Class Teacher:		
Name of child's GP:		
Address of GP:		
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Name of medication:		
Date prescribed:		
Dose to be given:		
Frequency of doses:		
Illness / Condition details		
Reason why your child is receiving medication:		
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<p>I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that I must collect all medicines that have exceeded their sell-by date. I accept that the school will destroy any unused medication that remains uncollected. Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.</p>		
Parent /Carer Name:		
Signature:		Date:

Office Use Only

Signature/Initials of member of staff administering	1													
	2													
	3													
	4													
	5													
	6													
	Date and Time													

Signature/Initials of member of staff administering	1													
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	4													
	5													
	6													
	Date and Time													

Medicines to be Administered in School Parents/Carers must fully complete the form when presenting prescribed 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:		
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