



the children are at the heart of everything we do

ADMINISTRATION OF MEDICINE FORM (SHORT TERM)

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

Child's Name: Teacher:

Name of Medicine:

Reason for Medication:.....

Date course of medication is complete:

Dosage:.....

Time(s) to be given:.....

Any other instructions (storage):.....

Note: Medicines must be in the original container as dispensed by the pharmacy and labelled appropriately. Medicines will not be given if not correctly labelled.

The above information, to the best of my knowledge, is accurate at the time of writing and I give consent to school staff to administer medicine in accordance with the school's policy. I will inform the school if there is any change in dosage or frequency of the medication or if the medicine is no longer required.

I accept that this is an offer that the school is not obliged to undertake and that the responsibility for the administration of medicine to a child lies primarily with their parents/carers.

Parental Signature:

Date:

OFFICE USE ONLY

Headteacher's Agreement to Administer Medicine

Signed:

Date: