

Administration of Medicine in School
Form for completion by parent / carer



I request that _____ (child's name) be given the following medication which has been prescribed by a registered medical practitioner:

Name of medicine _____

Dosage _____

Method of administering _____

At the following times during the school day:

I understand that the medicine Must be delivered personally by _____ (nominated adult/ representative) and that this is a service which is subject to agreement with the school.

Medication must also be collected by a nominated adult/ representative.

Signed: _____ (parent /carer)

Date: _____

Address: _____

Please note: medication will not be administer by school unless this authorisation is completed and signed by the child's parents/ carer. The Governors and Headteacher have the right to withdraw this service.