

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that the school staff can administer the medication.

Details of Pupil:

Surname:.....

Forenames:..... Male/Female

Class.....

Condition or illness:.....

Medication:

Name/type of medicine:.....

(as described on the container)

How long will your child take this medication:.....

Full directions for use:

Dose to be given:.....

Time administer

Please note we cannot guarantee the medicine will be given at the time above.

Self-administration: Yes/No

Special precautions:.....

Side effects:.....

Procedure to take in an emergency:.....

.....

NB: Medicines must be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Date:.....

Signed:.....

