



## Administration of Medication

<b>Child's Name:</b>	
<b>Name of medicine:</b>	
<b>Dosage:</b>	
<b>Time / frequency of dosage:</b>	
<b>Duration of medication:</b>	
<b>Reason for medication:</b>	

All medicines must be handed directly to a member of staff. If medicine needs to be returned please indicate this in the relevant section of this form and a member of staff will hand it over at the end of the school day. I give consent for the medication above to be administered by school.

**Signed [parent / guardian]:**

.....

**Date:**

.....

**Address:**

.....

**Please tick:**

Medicine to be kept in school

Medicine to be returned to parent / carer daily

Notes:

1. Medication will not be administered by the establishment unless this authorisation is completed and signed by the parent/guardian of the pupil.
2. The Governors and Head Teacher of the Establishment reserve the right to withdraw this service.