



## Administration of Medication in Educational Establishments

Child's Name: \_\_\_\_\_ Year Group: \_\_\_\_\_

I request that my child be given the following medication, which has been prescribed by a registered practitioner:

**Name of Medicine:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Method of Administration:** \_\_\_\_\_

The medicine is to be administered at the following times of day:

\_\_\_\_ : \_\_\_\_ **AM/PM**

\_\_\_\_ : \_\_\_\_ **AM/PM**

\_\_\_\_ : \_\_\_\_ **AM/PM**

I understand that the medicines must be delivered personally by me to a First Aid Representative and that this is a service which is subject to the agreement with the school.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_ Postcode: \_\_\_\_\_

- Notes: (1) Medication will not be administered by the establishment unless this authorisation is completed and signed by the parents/guardians of the pupils.*
- (2) The Governors and Head Teacher/Head of Establishment reserve the right to withdraw this service.*