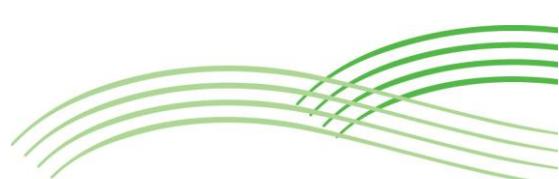


HSF 4.4b SHORT TERM MEDICATION - Authorisation Form

To be filled in if your child has been prescribed medication by their GP that cannot be administered at home i.e. antibiotics to be given four times a day. The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

PUPIL INFORMATION - TO BE FILLED OUT BY PARENT/GUARDIAN	
Pupils Name:	
School's Name:	
Class:	
Pupils Group/Class/Form:	
Childs Date of Birth:	
Childs Address:	
Family Contact Details:	Work: Home: Mobile:
Relationship to Pupil:	

MEDICATION - TO BE COMPLETED BY PARENT AND GP	
Medical Diagnosis or Condition:	
Medication Name:	
Medication Dosage:	

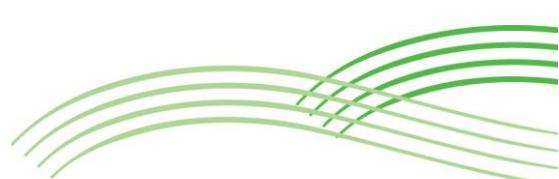


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When should Medication be Given:	
Method of Administration:	
Storage Location:	
Staff Member to Administer:	
Name of Clinic/Doctors Surgery	
Tel:	

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.

Date:	
Date of Review:	
Parent Signature:	
Schools Nominated Representative:	



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