

## MEDICATION IN SCHOOL

**Name of Child**

**Class**

**Name of Medication**

**Time to be given**

**Dosage**

**Any special instructions**

I request that a member of staff gives the above prescribed medication to my child during the school day. I accept that it is my responsibility to deliver and collect the above medication to and from the office each day.

I accept that this task is carried out as a gesture of goodwill and that staff are not obliged to administer medication that is not prescribed by a GP, nor carry out any procedure with which they do not feel comfortable. Also, any procedures carried out by staff at my request will be done so in good faith.

**Name of Adult**

**Signature**

**Relationship to child**

**Date**