

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