



Mrs G Stirling
Headteacher

Administration of Medicine in School

Child's Name: _____ Class: _____

Name of Medicine: _____

Strength of the Medicine if appropriate: _____

Dose (how much to give) _____

Any other instructions (including details for inhalers) _____

Phone number parent/carer: _____

Will medicine be left in school or collected from the office at the end of the day? _____

FOR KS1 MEDICINES WILL BE GIVEN AT 11.40 & KS2 MEDICINE WILL BE GIVEN AT 12.00 NOON.

In consideration for the Headteacher or the school staff agreeing to give medication to my/our above named child during school hours, I/we agree to indemnify the Headteacher, the school staff and the Local Education Authority against all claims, costs actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of negligence of the Headteacher, the school staff or the Local Education Authority.

FOR OFFICE USE ONLY: -

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time Given					
Sign					

Signed: _____ Date _____
Parent/Carer

PLEASE NOTE: WE CAN ONLY GIVE MEDICATION PRESCRIBED BY A DOCTOR