

MEDICINES

To be completed by the parent/guardian of any child to whom drugs may be administered under the supervision of school staff. If you need help to complete this form, please contact the School or the Health visitor attached to your doctor's surgery.

PLEASE COMPLETE IN BLOCK LETTERS.

Child's Name		Class
Date of birth		
Address		
Name of Doctor		
Surgery Address		
Name of Medicine/drug		
Start of Prescription		
End of Prescription		
When it should be given		
How much to be given		
Reason for medication		

I request that a responsible member of the school staff who has received any necessary training give the treatment in accordance with the above information. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any action as soon as possible.

Parent's Name:..... **Signed:**.....

Date:.....

