



Permission for Prescribed Medicines Administered in School

Dear Parents / Carers

If your child needs prescribed medication administered during school time or a course of antibiotics to be taken up to four times a day, please complete and return this form with the appropriate medication.

Please ensure the medicine(s) is brought to the Medical Room at Student Services in its original box, clearly labelled with your child's name and dosage and with the lot number and expiry date visible.

The medicine(s) will be stored in a locked cupboard with the locked Medical Room and will be available at all times during the course of the school day and for off-site school trips. Medicine(s) must not be removed from school unless authorisation is given.

Please note teachers and other school staff have no obligation to give medicine(s) to children at school. They will do so to co-operate with parents / carers in the best interests of the child, but only on the basis that they, the school and the LEA will not be held responsible for any problems which may result from their doing so.

Type and Name of Prescribed Medication

Child's name	Tutor Group
Type and Name of Prescribed Medication	
Details of Reason why Medication is to be Given (including triggers if appropriate)	
Details of Time when Medication is to be taken	
Dose and Method of Administration	
Can Child Self-Administer this Medication?	
Any Special Precautions	
Possible Side Effects	

I give permission for the above medication to be administered at school by school staff.

Signature of Parent / Carer _____

Date _____