



ADMINISTRATION OF MEDICINE TO A PUPIL

This is only possible for medication prescribed by the Child's doctor.

To: The Headteacher
Mawgan-in-Pydar School
Mawgan-in-Pydar
Newquay
TR8 4EP

*Please insert your child's name: (Parent)
I wish my child, named above, to have the following medicine administered by school staff as indicated below:

1. Name of medication: (Parent)
(BLOCK CAPITALS)

Use by Date: (Parent)

Checked by: (Staff - Print name)

2. Time(s) at which it is to be given: (Parent)

3. Amount to be given: (Parent)

4. Means of administration:

- a) Tablet
b) Capsule
c) Liquid
d) Lotion or ointment
e) Asthma (inhaler)

(Tick box)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

5. Medication to be given until:(Parent)

Parent/Guardian

I undertake to deliver the medicine personally to a member of staff and to replace it whenever necessary. I also Undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital. I will remove any unused medication on request when the course of treatment is finished.

Signed: Date:

Received by school on:

Name and Address of GP:

Please note: It is not a legal requirement of the school to administer medicine. If you would prefer to administer medicine yourself please inform the school office.