KNOWL HILL C E ACADEMY

Medical Administration Form

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

I request that .....
(FULL name of child)

be given the following medication

.....
(name of medicine)

.....
(dosage)

at the following time during the day:

.....

Time previous dose given at home ……

The above medicaments are clearly labelled indicating contents, dosage and child's name in FULL.

I understand that the medicine must be delivered personally to the school office and accept that this is a service which the school is not obliged to undertake.

Signed ..... Date .....
Parent/Guardian

NOTE: Medication will not be accepted in the school unless this letter is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Head of School. The Head of School reserves the right to withdraw this service.

It is the parent's/guardian's responsibility to ensure medicines are in date. Out of date medicines (including inhalers) cannot be administered by school staff.