

The Headteacher authorises first aiders to administer the medicine prescribed below.

The school is only permitted to give your child medicine when you complete and return this form. Please note the following points:

Any antibiotics taken 3 times a day should be administered before school, at the end of the school day and at bedtime.

- The Office is will administer medicine once a day if your child is enrolled in the school's ASC after 4:30pm and require 4 doses a day
- One form must be complete for each medicine prescribed
- Medicines must be in the original container as dispensed by the pharmacy with the original pharmacist label
- Medicines must be handed into the school office with this form completed
- If medicine cannot remain in school overnight it is your responsibility to deliver and collect the medicine via the school office, each day
- Medicines **must not** be left in your child's bag or handed to the teacher
- To avoid the risk of unknown reaction to the medication, I confirm the first dose will not be given in school

Name of child:	Yr:	Class:
GP/Doctor Name: Tel:	Medical condition or illness:	
Name/ type of medicine (described on the container)		
Expiry date		
Duration to administer medicine	Start date:	End date:
Time(s) to administer medicine <small>Note, Office will administer medicine once a day if your child is enrolled in the school's ASC after 4:30pm and require 4 doses a day</small>		
Dosage and method		
Are there special precautions/other instructions? e.g. take with water? before food?		
Does the medicine need to be stored in a fridge?	yes/ no	
Comments – e.g. are there any side effects that the school/setting needs to know about?		
Self-administration - does the child administer this? NB children will be supervised at all times	yes/ no	
To avoid the risk of unknown reaction to the medication, I confirm the first dose will not be given in school	yes – please sign in this box	
Procedures to take in an emergency		
Contact Details		
Parent/carer's name		
Daytime telephone no.		
Relationship to child		
I understand that I must deliver the medicine personally to the school office		

The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff administering medicine in accordance with the school policy. I release them from all further liability or responsibility for any consequence adverse effects, reactions or any unforeseen circumstances, which might arise. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) (Parent/Carer) _____ **Date** _____

