Little Munden C of E (VC) Primary School

ADMINISTERING MEDICINE TO A CHILD DURING SCHOOL TIME

Our staff are able to issue both prescribed and over the counter medicines to a child during school time. This form is to be completed by the parent or carer prior to any medicine being administered at school.

Name :	**Class :**	**Date :**
Medical Condition		
Name of Medicine Prescription medication must be in the original container provided by the pharmacy and labelled accordingly. School staff have the right to refuse to administer medication and may recommend a doctor consultation.		

Date medicine prescribed by doctor or N/A	
Expiry date of medicine	
Dosage & Time Required for administration at school.	

I confirm my child has taken the above medication in the past without any adverse reaction. ☐

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

Parent/Carer Signature **……**

If medicine has been administered before school, the parent should complete the first box of the day on the table below:-

Monday			**Tuesday**			**Wednesday**			**Thursday**			**Friday**		
Time	Dose	Signed	Time	Dose	Signed	Time	Dose	Signed	Time	Dose	Signed	Time	Dose	Signed
		Given by Parent			*Given by Parent*			*Given by Parent*			*Given by Parent*			*Given by Parent*