



KINGSLAND C E PRIMARY SCHOOL



Parental request for school to administer medicines

School will only administer medicine during the school day if prescribed 4 times a day. All medication must be in the original packaging and clearly state the child's name and dosage instructions.

Medicine to be administered 3 times a day can be given at home in the morning, after school and before bedtime.

Please complete this form and handover with medication to your child's teacher or support staff.

CHILD'S NAME - _____ CLASS _____

CONDITION OR ILLNESS _____

Name of medication as described on the container _____

If the medication is an anti-histamine eg. Piriton, please confirm that no other anti-histamine medication is being taken. _____

Instructions for use:-

Dosage _____ eg: 1 x 5ml teaspoon / 1 tablet/capsule

Medication can only be administered at breaktime 10.30am-10.45am or lunchtime 12.00-1pm. Please circle above the time slot medication is to be given.

DECLARATION FROM PARENT

I give consent for a member of staff at Kingsland C E Primary School to administer the medication as described above to my son/daughter.

Signed _____ Date _____

HEADTEACHER'S PERMISSION FOR STAFF TO ADMINISTER MEDICATION

I agree that _____ will receive medication detailed above. Medication will be administered by a trained first aider until the end date of the course of medicine or until instructed by the Parents.

Signed _____ (Headteacher) Date _____

