ADMINISTERING OF MEDICINE FORM

Academy administered medicines must be:

- In the original packaging
- State the dosage and method by which they are to be taken
- State the frequency to be taken
- Previously taken by the child with no ill effects
- Clearly labelled with the child's name and class
- Within usage date

Parents or carers are required to:

- Bring the medicines to the Academy office in **advance**
- Give written authorisation for the medicine to be administered
- State the duration of the treatment or review date.

Administering of Medicines Parental Request

Name of child.....Class.....D.O.B...../...../.....

Medical condition .....

Name of Medicine..... Expires……/……/…….....

Dosage..... Approx time to be given.....

Has medicine been taken previously with no ill effects? **YES** **NO** *(delete as appropriate)*

Can your child administer the medicine themselves in the presence of a first aider? **YES** **NO** If no, I give permission for academy staff to administer medication on my behalf.

The medicine is to be administered until: **End / review date**...../...../.....

I give consent for the above medicine, which has been prescribed for my child, to be administered in school. The medicine has been taken previously by my child with no ill effect.

Signed
Parent/Legal Guardian/Carer……Date……/……/……

(Print Name)……

Signed

Authorised member of staff……...Date……./……./……..