



Dear Parents/Carers

ADMINISTRATION OF MEDICINES IN SCHOOL

We are always happy to help by administering medicines in school and nursery, should this be necessary.

In order to ensure this is done properly and without risk to either your own or any other of our pupils, we ask that:

1. Medicines must be clearly labelled with the child's name and dosage instructions.
2. You must hand them personally to the office staff who will store them in the medical room or the fridge.
3. You must complete the attached form and return it to the school office.
4. We will only administer medicines for a period of five days. Further sheets should be completed if your child requires medicine for a longer period.
5. We will not hold or administer medicines on an ad hoc basis. If your child requires paracetamol/ibuprofen based medicines on an 'as and when they are feeling unwell' basis please see the office staff.

Medicines will be administered at the time requested, by either the teaching assistant or a member of the office staff. If you have any doubts or anxieties, you are more than welcome to come to school and administer medicines yourself, please contact the office to arrange.

ADMINISTRATION OF MEDICINES

Child's Name _____ Class _____

Name of Medicine _____ Reason _____

I have read and understood your letter concerning administration of medicines in school.

Please would you administer medicines names above to start and finish on the following dates:

Starting date _____ Finishing date _____

Signed _____ Date _____

Medication Form - All Fields Must Be Completed

Name: _____ Date of Birth: _____
Name of medication: _____ Reason for medication: _____
Storage details: _____ Dosage: _____ Expiry Date: _____
Parent Signature: _____ Date: _____

	Time Administered	Dose Given	Signed	Witnessed	Time Administered	Dose Given	Signed	Witnessed
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Supporting Information: _____

