



## **PARENTAL FORM TO REQUEST SCHOOL STAFF TO ADMINISTER MEDICINES IN SCHOOL HOURS**

All parents/carers must fill in the form below giving permission to school staff to administer medicine to their child.

Members of school staff cannot administer medicine until this form has been completed and returned to the school office.

Please label all medication with your child's name and dosage.

Name of child ..... Form .....

I give permission for a member of school staff to administer the following medicine to my child as below.

Medication to be given .....

How much .....

When .....

Ongoing until further notice / or period of time .....

Possible side effects .....

.....  
.....

I accept full responsibility for any allegations arising from maladministration and will place no blame upon the School or members of staff involved.

Signed Parent/Carer ..... Date .....