

St Cuthbert Mayne School Administration of Medication

I request that
(name of child in full)Class.....
be given the following medication which has been prescribed by a
registered medical practitioner.

Medical Condition:

Name of Medicine:

Dosage:

Method of administering the medication:

Time to be administered:

Date treatment commenced:

Date treatment ended:

I understand that the medicine must be delivered personally by me to the
School Office supplied in its original bottle/packet. I note that this is a
service which is subject to agreement with the school.

Signed..... (Parent/Guardian)

Date

Address

.....

.....

Contact No:

NB:

- 1) Medication will not be administered by the school unless this authorisation is completed and signed by the parent/guardian of the pupil.
- 2) The Governors and Head Teacher reserve the right to withdraw this service.