



PRESCRIBED MEDICINE FORM

Name..... Class.....

I hereby request that members of staff administer the following medicines as directed below. I understand that I must deliver the medicine personally to the school in the original container as dispensed by the pharmacy and accept that this is a service which the school is not obliged to undertake. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Whilst every effort will be made to co-operate with your requirements, the staff cannot be held responsible for failure to administer the required dose.

Signed..... Date

Parent/Guardian

Medicine.....

Dose.....

Frequency/Time(s) of Dose(s).....

Date of completion of course

Any special instructions.....

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Date given to Teaching Assistant.....

Signature of receiving Teaching Assistant.....