Please fill out the details below if your child will have medication in school with them which may or may not need to be administered by school staff.

|  |  |
| --- | --- |
| Child’s full name and address |  |
| The name of the medication to be administered  |  |
| The exact dosage and time of administration OR circumstances and dosage which medication may need to be administered. |  |
| Is there any expiry date on the medication? If so, when will it be out of date.It is the responsibility of the Parent/Guardian to ensure that medication is kept up to date. |  |
| **Signature of Parent/Guardian** |  |
| **Date** |  |

Please sign and return to the class teacher. A copy will then be given to you for your own records.