REQUEST FOR STORAGE & ADMINISTRATION OF MEDICINE IN SCHOOL

I request permission for my child to be given the following medicine by a member of West Hill Primary School staff as prescribed by my general practitioner. I am unable to administer the prescribed dosage during school hours.

I have been made aware that the school cannot guarantee to give the stated dosage at set times although they will endeavour to do so. The School cannot be in any way held responsible for the administration of medicines, asthmatic sprays etc.

I understand that if permission is granted I will not hold the school responsible for any liability towards my child in the above matter.

Parents/carers are responsible for;

- **Completing this form**
- **Personally handing the medicine to the office**
- **Ensuring the medicine is correctly labelled with the child's name, medication name, dose and frequency of administration, cautionary advice and expiry date**
- **Supplying the medicine in the original container**
- **Collecting the medicine at the end of the day**

PLEASE COMPLETE DETAILS OVERLEAF

Child's Name…….....Class……..

Name of Medication…….....

Details of dosage **Time** **Method of taking**

…… **……** **…….....**

Reason for/circumstances in which medication to be given

…….....

When should parent be notified …….....

…….....

Parent/Carers signature…….....Date….....

Contact No(s).....

Permission granted…….....Headteacher's signature

To be administered by: **West Hill Primary School Staff**

MEDICINE LOG

Week Commencing	Monday Times/Initials	Tuesday Times/Initials	Wednesday Times/Initials	Thursday Times/Initials	Friday Times/Initials

[Ref medicine authorisation]

MEDICINE LOG – continuation sheet

Week Commencing	Monday Times/Initials	Tuesday Times/Initials	Wednesday Times/Initials	Thursday Times/Initials	Friday Times/Initials

[Ref medicine authorisation]