ST MARY & ST MICHAEL CATHOLIC PRIMARY SCHOOL

INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL

The parent/guardian is reminded that the school must be notified immediately if there is any change in the prescribed medication.

Name of Pupil:	
Name of Parent/Guardian:	
Contact Number:	

Medicines must be in the original container as dispensed by the pharmacy. This section should be filled in as per prescription instructions or as required by parents – all details must be filled in fully on this form.

Name(s) of Medicine:	

Administration:

Start Date:		**End Date:**		**On-going (tick):**	

	Mon	**Tues**	**Wed**	**Thur**	**Fri**	**As Necessary**
Tick when required						
First Aider initials once administered						

Dosage/Method/Instructions:

School staff agree to oversee this treatment on the understanding that you the parent/guardian agree to inform your child about the use of the treatment during the school day. Whilst all due care will be taken the school cannot be held ultimately responsible for the administration of the medicines.

Signed:	**Parent/Guardian**
Signed:	**Headteacher/Deputy Headteacher**
Date:	