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# **Temporary Administration of Medicines**

Child’s Name: ...................................................................................................................................................

Date of Birth: ......................................... Year/Class: .........................................

Condition or Illness: ...................................................................................................................................................

Parents’ Tel: ...................................................................................................................................................

G.P. Name: ............................................................................. Tel: .................................................

Special Instructions: ...................................................................................................................................................

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Allergies: ...................................................................................................................................................

Other prescribed medicine child takes at home:

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Medicine to be Administered:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Medicine** | **Dose** | **Frequency/Times** | **Completion Date of Course** |
|     |   |   |   |
|     |   |   |   |
|     |   |   |   |

**I agree to members of staff administering medicines/providing treatment to my child as directed above. I accept full responsibility for the instructions provided and understand that, while every care will be taken to administer medication as instructed, staff will accept no responsibility for any mistakes.**

Signed: .................................................................................................................... Date: ..................................

*Parent/Guardian*

Print Name: .......................................................................................................................................................................

**PLEASE NOTE: Where possible the need for medicines to be administered at the academy should be avoided.**

**Parents are therefore requested to try and arrange the timings of doses accordingly.**