Short Term Administration of Medicine in School

Child's Name, Year Group and Class			
Reason for Medication			
Name of Medication and Strength			
Prescription Medication		Non prescription Medication	
Expiry Date			
How much to be given and when (include time)			
How long the medication is for?			
Any other Instructions			
Parent/Guardian Name			
Parent/Guardian Signature			
Date			

It is agreed that this child will receive the above named medicine at the above named time. The member of staff responsible for the administration of this medicine is:

If that member of staff is absent or unable to administer the medicine, the office staff will undertake to do so.

Headteacher/SLT/Senior First Aider signature:

Date: