



## On-going Administration of Medicine in School

Name and Class of Child
Name and strength of medicine
Expiry date
How much to give
When to be given/Self administered
Any other instructions
Signature of Parent/Guardian
Date
Review 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 applicable):

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

**Headteacher's Signature:**

Date: