



## Medicine Authority Form

The school has a responsibility to ensure that if students are taking any medication, procedures are followed to ensure that it is kept securely and taken appropriately.

No medication will be administered to a child without written parental consent with the exception of Paracetamol, which may be given with verbal consent.

**Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Class Teacher:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**I/we request that (child's name)** \_\_\_\_\_ **be given**

**(dose and name of medicine)** \_\_\_\_\_

**at** \_\_\_\_\_

**Does this medicine need to go with your child on school trips:** Yes / No

**Condition for which medicine is given:** \_\_\_\_\_

**Name of prescribing doctor:** \_\_\_\_\_

**Please provide any further information on the back of this form**

**I/we accept responsibility for:**

- Administering the first dose of medication for the day before school.
- The decision to give this medication to my/our child, and acknowledge that the school is in no way responsible for that decision, now or in the future.
- Notifying the school about any change in dosage, time, or procedures, by filling out a new Medicine Authority form.
- Delivering the medication personally to school.
- *Ensuring that the medicine is not past its "use by" date.*

**I/we accept that the school:**

- May not have a trained medical officer to administer medications
- Cannot guarantee that medication will be given at a precise time or by the same person.
- *Will dispose of any uncollected medicine at the end of the year.*

**Ss Peter and Paul School's policy on 'Medicines' can be read on our SchoolDocs site.**

**Signed:** \_\_\_\_\_ **(parent/guardian)** **Date:** \_\_\_\_\_