



### Normanton All Saints CE (A) Infant School

High Street, Normanton, West Yorkshire WF6 1NR Telephone/Fax: (01924) 894309  
Headteacher: Mrs A Stone email:headteacher@allsaints-normanton.wakefield.sch.uk

#### Administering medication to pupils

The school will not give your child medicine unless you complete and sign this form.

My child \_\_\_\_\_ requires medication for the treatment of \_\_\_\_\_ and needs to take part of this medication whilst at school. This has been prescribed by a doctor and the container is the one in which the medication was dispensed. It is clearly labelled and has written instructions on it.

Name of child	DOB:	Class:
Medical condition or illness		

I ask the headteacher, Mrs A Stone or her delegated member of staff to help me by administering the following medication to my child whilst he/she is at school. I accept that I will not hold the school or its staff liable for any injury or death occurring to my child from the medication being correctly administered as I have directed. The information I have provided is to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform, in writing, the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name/ type of medicine (as described on the container)
Expiry date: _____ Timing: _____
Dosage and method:
Special precautions/ other instructions:
Are there any side effects that the school/ setting needs to know about?
Self administration: Yes No
Procedures to take in an emergency
Contact details: Name: _____ Relationship to child: _____ Daytime telephone no: _____

Please can this medication be stored (please tick one)

- in the medication refrigerator
- in the medical box
- in the classroom in order that my child can have easy access

Signed \_\_\_\_\_ (Parent/ Carer) Date \_\_\_\_\_

I agree to organise for the above medication to be given according to the details stated. I understand that I will not be held liable by the parent/guardian in the event of injury or death occurring due to this action.

Signed \_\_\_\_\_ (School) Date \_\_\_\_\_