



# Preston Primary School

## Administration of Medicines in School

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I request that \_\_\_\_\_ (name of child in full)  
Be given the following medication, which has been prescribed by a registered medical practitioner:

Name of medicine \_\_\_\_\_

Dosage \_\_\_\_\_

Method of administering \_\_\_\_\_

At the following times during the school day: (e.g. before / after lunch)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that medicines must be delivered personally to a member of staff and that this is a service subject to agreement with the school.

Signed (Parent / Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact number \_\_\_\_\_

- Notes:
- (1) Medication will not be administered by the school unless this authorisation is completed and signed by the parent / guardian of the pupil.
  - (2) The Governors and Head Teacher of Preston School reserve the right to withdraw this service.