



ADMINISTRATION OF MEDICINE TO A PUPIL

This is only possible for medication prescribed by the Child's Doctor

To: The Head of School

Summercourt Academy, School Road, Summercourt, Newquay, TR8 5EA

*Please insert your child's name:(Parent)

I wish my child, named above, to have the following medicine administered by school staff as indicated below:

1. Name of medication:(Parent)
(BLOCK CAPITALS)

Use by date: (Parent)Checked by(Staff)

2. Time(s) at which it is to be given:(Parent)

3. Amount to be given:(Parent)

4. Means of administration:

- a) Tablet
- b) Capsule
- c) Liquid
- d) Lotion or ointment
- e) Asthma (inhaler)

(Tick box)

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|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

5. Medication to be given until:(Parent)

| STAFF MEMBER | DATE | TIME | STAFF MEMBER | DATE | TIME |
|--------------|------|------|--------------|------|------|
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Parent/Guardian

I undertake to deliver the medicine personally to a member of staff and to replace it whenever necessary. I also undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital. I will remove any unused medicine on request when the course of treatment is finished.

Signed: **Date:**

Received by school on:

Name and Address of GP:

Please note: It is not a legal requirement of the school to administer medicine. If you would prefer to administer medicine yourself please inform the office.