

Executive Principal: Mrs L McNamara  
 Probus Primary School,  
 Ladock Road, Probus, Cornwall, TR2 4LE  
 Telephone: 01726 882647  
 Email: [secretary@probusschool.org.uk](mailto:secretary@probusschool.org.uk)  
[www.probus.cornwall.sch.uk](http://www.probus.cornwall.sch.uk) Vat. Reg. No.: 132 7467 70



**FORM TO ADMINISTER MEDICINE**

Thank you for your request asking the school to administer *GP-prescribed & over-the-counter* medicines to your child.

Before we do so I have to ask you to complete this form and agree to the conditions below.

**Pupils Name:** ..... **Class :** .....

**Name of Medicine/Tablet:** .....

**Dosage/Strength:** .....

**Intervals/Timing for Medicine:** .....

*The school will do its best to administer the medicine at the above time but there may be circumstances beyond our control that prevent medicine from being given at the exact times requested. If this happens we will inform you so that the dosage can be caught up with immediately after school. Please be reminded that if these arrangements are not satisfactory you are welcome to come into school and administer the medicine yourself.*

Signature:..... Parent/Guardian

Date: .....

**FOR OFFICE USE ONLY**

Date	Time	Dosage	Dispensed By

