



Medicine prescribed by a Medical Practitioner

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

The Principal has agreed that school staff can administer medication prescribed by a Doctor / Hospital but this is a service which the school is **not** obliged to undertake.

Child's Name: _____ Class: _____

DOB: _____

MEDICATION

Nature of illness: _____

Name of Prescribed Medicine
(as described on container): _____

FULL DIRECTIONS FOR USE

How much to give (i.e. dose): _____

What time: _____

DECLARATION BY PARENT

I undertake to supply the school with medicines in properly labelled containers.

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the school is **not** obliged to undertake.

Signature of Parent/Guardian

Date

