Latymer All Saints CE Primary School
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Headteacher: Mrs Kathy Hill, B.Ed. (Hons.) NPQH

Authorisation to administer prescribed medication

DETAILS OF PUPIL

Surname _____ M/F
Forename _____ Date of birth
Address _____ Year/class

Condition or illness _____

MEDICATION

Name/Type of Medication (as described on the container) _____

For how long will your child take this medication _____
Date dispensed _____

Medication required should be clearly marked with clear instructions for use.

Does your child suffer from allergies?.....
Please specify allergies……
Any other instructions?.....

Full Directions for use

Dosage and Method _____
Timing _____
Special Precautions _____
Side effects _____
Self-administration _____
Procedures to take in an emergency _____

CONTACT DETAILS

Name _____ daytime telephone No _____
Relationship to pupil _____
Address _____

I understand that I must deliver the medicine personally to Welfare or to the class teacher and accept that this is a service which the school is not obliged to undertake.
I also authorise the qualified first aiders to administer the above medicine and release them from all further liability for any consequent adverse effects, reactions or any unforeseen circumstances which might arise.

Date _____ Signature(s) _____

Relationship to pupil _____