



## 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

