

# Ruislip Gardens Primary School



## Permission to administer prescribed medicine to pupils

The school are only able to administer prescribed, labelled medication to pupils. We cannot accept or administer any non-prescribed medications or treatments.

The school undertake this task as a gesture of support and good will and are not obliged to administer such medicines.

We are unable to administer medication to pupils without completion of this form by a parent or carer.

Name of Child : \_\_\_\_\_ Class : \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

Prescribed medicine name : \_\_\_\_\_

Dates of course of medicine : \_\_\_\_\_

If this medicine is to reside in school for use as and when required please tick here: \_\_\_\_\_

If this medicine is to be given for a defined period please complete below:

Dates to be given	Dosage	Time	Given by :

Please list any side effects that the school needs to know about?

\_\_\_\_\_

Procedure to follow in an emergency?

\_\_\_\_\_

I understand I must notify the school of any changes in writing.

Name of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child : \_\_\_\_\_

Signature : \_\_\_\_\_

Form received in school by (name) : \_\_\_\_\_