

## Medication to be given in School

Name of Medication (as written on container):	Type of medication e.g. tablet/liquid:
Exact Dosage:	Method of administration:
Preferred time for Dosage:	
Special Instruction e.g. with food/after food:	

Name of Medication (as written on container):	Type of medication e.g. tablet/liquid:
Exact Dosage:	Method of administration:
Preferred time for Dosage:	
Special Instruction e.g. with food/after food:	

### Details of Parent/Carer requesting medication to be given in school.

Name:	Relationship to pupil:
Address:	Daytime telephone number(s):

You will be contacted if your child shows any adverse reaction to medication given in school. If your child vomits or spits out the medication given, the dose will not be repeated.

**I give consent for the nominated persons to administer the above medication.**

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