



Lumley Junior School

Administration of Medication

I request that (name of child in full)
be given the following medication, which has been prescribed by a registered
medical practitioner and dispensed by the pharmacy in its original container:

Name of medicine

Are there any side effects that the school needs to know about? Y / N

.....
.....

Formula Liquid Tablet Ointment Eye Drops Other
please tick

Dosage Frequency

Method Time

**I understand that the medicines must be delivered to the school office and
collected personally by me (or my representative, e.g. child minder) and
that this is a service which is subject to agreement with the school.**

Signed: (Parent/Guardian)

Date:

Notes:

1. Medication will not be administered by the establishment unless this authorisation is completed and signed by the parent/guardian of the pupil.
2. Please inform Lumley Junior School immediately, in writing, if there is any change in dosage or frequency of the medication or of the medicine is stopped.
3. The Governors and the Headteacher of the Establishment reserve the right to withdraw this service.