

ST PAUL'S CE PRIMARY SCHOOL

PRESCRIBED MEDICATION AUTHORISATION FORM

All Medication kept in school must be collected by parent/carer at the end of each academic year. Any medication left in school after school has closed will be disposed of at the end of the Summer Term.

New consent and medication must be brought into school in September of the new academic year.

NOTE: This Authorisation Form is valid only for the child and prescribed medication named below, over the specified period. Further or additional medicines will require a separate Authorisation.

NAME OF CHILD _____ Class _____

Name of Drug/Medicine	
-----------------------	--

Time at which Medicine should be given		Quantity of Medicine to be given	
First date on which Medicine is to be administered		Expiry date of Authorisation	

This is to authorise St Paul's CE Primary School to administer the medicines to the regime described above. In asking St Paul's CE Primary School to administer these prescribed medications to my child, I agree that neither the school, nor individual members of staff are liable for any errors or omissions, or any side effects suffered by my child as a result of their actions.

Signed Date Name (PRINT)

On behalf of St Paul's CE Primary School, I agree that all the possible care will be taken in the administration of medicines to the above named pupil.

Signed