

West Bridgford Junior School

Medication Form

This form must be completed by the parent/carer if a child requires medication to be administered during the school day.

Please ensure that all medication is clearly labelled with your child's full name.

Child's name: _____ D.O.B. _____

Name of medication: _____

Dosage prescribed: _____

Reason for medication: _____

Date medication is required: From _____ To _____

Time(s) medication is required: _____

Parent/Carer Declaration

I am asking a member of the West Bridgford Junior School staff to administer medicine to my child, on my behalf, as detailed above. The information I have provided is given in good faith and is true to the best of my knowledge. The dosage requirements of this medicine mean that it must be administered during the school day. Should the medicine not be administered in school then my child would have to be absent from school. I have checked the expiry date of this medicine and agree that it is in date. I confirm that the medicine has been provided in its original container. I accept that the school may, at any time, decide not to administer the medicine and that they will inform me if this is the case.

Parent/carer name: _____

Parent/carer signature: _____ Date: _____