



THE SOLENT SCHOOLS

Administering Medication Form

(to be completed by parent/carer)

Childs Name: _____ Childs Class: _____

Name and type of Medication: _____

Dosage per label: _____ Time to be administered: 11.50am

Please note: to avoid disruption to lessons, in most cases medication can be only be administered at 11.50am

Start of Prescription (date): _____

End of Prescription (date): _____

Please note a new consent form will need to be completed at the start of each new week the medicine is required.

Expiry date of medication: _____

I hereby consent to the office staff, or a delegated member of staff, administering the above medication according to the details given here.

Signature of Parent/Carer: _____

Date: _____

If you would like further details regarding when medicine has been administered on any day then if you could come into or call the school office by 4pm then a member of staff can advise you accordingly.

Office Use only:

Date / time medication administered

	Monday	Tuesday	Wednesday	Thursday	Friday
staff initials					
time					

