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## **Administration Of Medicine Form (short term)**

The school will not give your child medicine unless you complete and sign this form. Please note that we are unable to administer any medicine containing aspirin or ibuprofen unless prescribed by a doctor.

Child's name ..... Class.....

Name of medicine .....

Reason for medication.....

Date course of medicine  
complete.....

Dosage .....

When to be given .....

Any other instructions .....

**Note: Medicines must be in the original container as dispensed by the pharmacy and labelled appropriately.**

Daytime phone no. of parent or adult contact .....

Name and phone no. of GP .....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

**I accept that this is a service that the school is not obliged to undertake and that responsibility for the administration of medicine to a child lies primarily with their parents/carers.**

Parent's signature.....Date.....

Form copied to .....(class teacher)

## **Headteacher's Agreement to Administer Medicine**

It is agreed that ..... will receive  
medicine as detailed above.

Signed ..... Date.....

