

Cranborne Middle School Authorisation for the Administration of Medicine by School Staff

The school will not administer medication without receipt of this completed and signed form.

Name	Date of birth	Tutor Group	
Address		Medical Condition or illness	
dispensed by the pha		d be in the original container as	
Name of Doctor prescr	ribing medication:		
For how long will your	child need to take this medication	:	
Expiry date	Date	Date dispensed	
NB: It is the responsi date.	bility of parent/carer to ensure	medication has not exceeded expiry	
DIRECTIONS FOR US Dosage and method of	-		
Time of Administration	Self-	Self-administration – y / n	
Special precautions/otl	her instructions		
Possible side effects			
Procedures to take in a	an emergency		
 Written permis inhaler on thei 	r person. Aler to be kept in the school office.	ilable on request) required for pupil to carry	
CONTACT DETAILS			
Name	Relat	ionship to child	
Address	Dayti	me telephone no.	
school staff administerir I am aware that the sch the responsibility of atte The pupil should collect The school accepts NO	ng medicine in accordance with the ool offer NO guarantee that medicanding the school office to receive medication from the school office responsibility for any adverse reammediately, in writing, if there is a	cation will be administered at the stated time and medication falls to the pupil.	
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Please print name.....