

Dawley C of E Primary Academy

Medicines to be administered at the Academy

The following form must be completed for any child requiring medication to be taken at school. Whenever possible parents should arrange for medicines to be given before or after school.

We will only administer **Prescription** medicine if it needs to be taken four times a day.

Name of Child _____ Class _____

Name of medicine _____

Amount of dosage _____

Time of dose _____

Any other details regarding this medication about which the school should be aware:

I give permission for a First Aider to administer this medicine to my child during Academy hours as necessary. I understand that the medicine will be stored in the medical cabinet in the staff room and the container will be clearly labeled with all necessary details.

Signed _____ Parent/Carer Date _____

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