

## **GLAZEBURY C.E. PRIMARY SCHOOL- Medicine form.** Request for school, after school club and breakfast club to administer Medicine(s).

(This includes lip balms, cough sweets, sun cream)										
Dear Head T	eacher,									
School / Afte I confirm my	erschool club /	Breakfast clu l this medicin	b. e administered	C C	medicine(s) whi					
Name of medicine	Expiry date of medicine	Check Dispensing Pharmacy name and contact on bottle	Dose prescribed	Date prescribed	Time to be given /Frequency	Duration of course				
I agree that  T p II N II C II b	mation leaflet the following of the above medicantes t is clearly labe ledication will agree to inform mediately. Theck the name t is the parents be expiry date.	complies with cation has be elled indication only be given a school, ASC & dosage on responsibility	the schools Meen prescribed b g contents, dos if it requires a and Breakfast the bottle corry to ensure the	medicine is in d	Policy: ntist, nurse or name in full. ur times a day. nge in dose e name on the bo ate and not past					
Does this ma	edicine need to edicine contain days has your (	paracetamol?	?	YES YES ine (to date)?	/ NO					
Name of par	rent/guardian:									
Signed:			Dat	ce:						

Please note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child. The Governors and Head Teacher reserve the right to withdraw this service.



Pupil	's Name		Class		
Inhal	er / medicine na	ame:			
Staff	administering n		s wash hands wit	h soap and water not gel.	
	Date	Dosage	Time	Two Staff Signatures (must be obtained)	

If a child refuses to take medication – Please record and the parent/carer must be verbally informed.