



# ST MARGARET'S C of E JUNIOR SCHOOL

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Headteacher: Mr C P Gabbett



## Administration of Prescription Drug Medical Form

The health, safety and welfare of your child/children are a major concern to us particularly while he/she/they are in our care. This form has been designed to enable Mrs Lee or other qualified staff to administer medication while your child is in our care. Please complete the sections below and return the form to the front office or to Mrs Lee directly.

Name: \_\_\_\_\_ Class: \_\_\_\_\_

has been prescribed \_\_\_\_\_ (Name of drug?)

he/she is to be given \_\_\_\_\_ (Amount?)

\_\_\_\_\_ (Time? /How often?)

The prescription drug **must** be in the original packaging naming your child as the recipient. We are unable to administer loose prescription drugs.

By signing this form you are authorising Mrs Lee or another qualified member of staff to administer the medication referred to above.

Signed .....

Date .....

