

SCISSETT C.E. ACADEMY
CONSENT TO ADMINISTER MEDICATION

Name of child Class ...5.....

Medication to be administeredLiquid Ibuprofen/Calpol.....

Dose As necessary during residential

I acknowledge that school staff are not fully responsible for the administration of medicines to my child. I undertake to personally hand over medication to an adult member of staff.

Signed

<small>For office use</small>							
<u>Day</u>							
<u>Date</u>							
<u>Medicine Given by</u>							
<u>Medicine Checked by</u>							

SCISSETT C.E. ACADEMY
CONSENT TO ADMINISTER MEDICATION

Name of child Class ...5.....

Medication to be administered

Dose Time:.....

I acknowledge that school staff are not fully responsible for the administration of medicines to my child. I undertake to personally hand over medication to an adult member of staff.

Signed

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<u>Day</u>							
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