

Prescription Medicines for short term use

Please complete this form if your child is prescribed a short course of medication (for example antibiotics) and your child is well enough to return to school before it has been completed. Please try to space doses of medicine so they can be given at home if possible but if it is essential that your child receives the medicine during school hours this may be arranged. Please hand the completed form and the medicine to the school office. If more than one medicine is required please complete a form for each one.

Each case will be at the school's discretion – parents or carers may be requested to come to school to give the medicine.

Please be aware that over the counter medicines that have not been prescribed will not be administered by school staff and you will need to come to school to give the medicine.

Permission for Administering Prescribed Medicines in School

I agree to the designated member of staff at St James' CE Aided Infant School giving my child:

Name..... Class.....
(Please print name)

Name of medicine:..... Dose.....

Dates and times that medicine should be given (please insert up to five dates)

Date	Time(s) to be given (precisely)	Special instructions, eg with/without food.	Administered by:(Record staff name and time given)

Please record any other relevant information on the back of the form

Signed..... Date.....

Print Name.....