

HSF30 CONFIRMATION OF MEDICATION Administration

Please Read Carefully: Medication is administered by school staff voluntarily, on the understanding that no absolute guarantee can be given that doses and/or times can be adhered to as a result of the pressures of daily routine within a school. Should you wish to ensure your child gets the correct dose at the proper time you should come into school to administer your child's medication yourself.

Child:	Date of Birth	Telephone Number
Address		
GP Name	GP Telephone Number	
Details of any allergies or other special instructions		

Name of Medication	Strength of Dosage	Number/Amount of Medication & time when given	Start Date	End Date

If the details above are correct, please sign and return

..... Signed (Parent/Carer).....

Important Note

Should there be any amendment to the following: -

1. Medication or dosage
2. Address or telephone number
3. Doctor or Doctor's telephone number

Please inform the Establishment, in writing, immediately.