

This part of the form is to be completed by the school

Confirmation of the Head Teacher's agreement to administer medication

I agree that the named pupil may receive medication administered by a member of school staff, as prescribed by the General Practitioner/Hospital Doctor and requested by the parent/carer(s).

Signature (Head Teacher) _____ Date _____

RECORD OF MEDICATION ADMINISTERED IN SCHOOLS

Name of Pupil _____

Name of Medication _____

NB Please use a separate form for each medication.

Date	Time	Dose	Any reaction / refusal (please comment)	Signature of staff member	Print name