



Gateway School

Parental agreement for school to administer medication (SHORT TERM)

The school will not give your child medication unless you complete and sign this form. The school has a policy that staff can administer medication under the direction of the School Nurse (we are unable to administer Ibuprofen to children under 12 years old unless it is prescribed)

Please ensure all medicines brought into school are clearly labelled and in their original container.

Please speak to the School Nurse if you have any queries

Name of child		D.O.B.		Form	
Reason medication required					
Medication to be administered					
Name		Dosage	Timing	Administration Method	
Authorised by G.P. / Dentist / Pharmacist		Date Dispensed	Date Expires		
Further Notes Regarding Medication the School should be aware of					
G.P.		Surgery		Tel. no.	
<p>I understand that I must deliver the medicine personally to the school office who will inform the school nurse and my child's teacher.</p> <p>I accept that this is a service that the school is not obliged to undertake.</p> <p>I understand that I must notify the school of any changes in writing.</p>					
Signature and Date		Relationship to child		Contact tel. no.	
				1	
				2	
For School use only					
Date/Time	Medication Administered by		Witnessed by	Notes	



Gateway School

Parental agreement for school to administer medication during a school trip

The school will not give your child medication unless you complete and sign this form. The school has a policy that staff can administer medication under the direction of the School Nurse (we are unable to administer Ibuprofen to children under 12 unless it has been prescribed).

Please ensure that any medicine brought into school is clearly labelled, and in its original container.

Please speak to the School Nurse if you have any queries

Name of child		D.O.B.		Form	
Reason medication required					
Medication to be administered					
Name		Dosage	Timing	Administration Method	
Authorised by G.P. / Dentist / Pharmacist		Date Dispensed	1	Date Expires	
			2		
			3		
			4		
Further Notes Regarding Medication the School should be aware of					
G.P.		Surgery		Tel. no.	
I understand that I must deliver the medication personally to the school office from where the school nurse and my child's teacher or staff member in charge of the trip will be informed. I accept that this is a service that the school is not obliged to undertake.					
Signature and Date		Relationship to child		Contact tel. nos. (inc. mobile)	
				1	
				2	
For School use only					
Date/Time	Medication Administered by	Witnessed by	Notes		