## Appendix 2: Shipston-on-Stour Primary School Medication in School Form

This form is to be completed and signed before any medication will be administered by school staff.

Child's Name:										
Child's Class:										
Child's Madias	otion.									
Child's Medica	auon:									
Name of Prescribing Doctor:										
Storage / Preparation Details:										
Dosage:										
Time of Dosage:										
Timescale for medicine to be administered:										
Parent's Name	ə:									
Contact Telephone Number:										
I give permission for staff to administer medication according to the details above.										
I understand that staff cannot fully guarantee that medication will be administered exactly as above, and that in this event staff cannot be held responsible for any adverse consequences.										
Signed:										
Date:										
Please hand this form and the medicine (clearly marked with your child's name) to your child's class teacher or										
				the so	chool office	Э.				
Office use										
Date										
Time Administered										