

To be retained by Parent and returned to school when necessary

**CAMP HILL PRIMARY SCHOOL**

'Administration of Medicine to Pupils' Form

Name of child medicine is to be administered to: \_\_\_\_\_

I/We \_\_\_\_\_ parent(s)/legal guardian(s) of  
\_\_\_\_\_ give consent for the school to undertake the  
administration of medicine/s as requested to the above named child. I/we agree that the  
school will not be held responsible should the condition of my/our child deteriorate.

Contact No. which may be used in the case of an emergency:

Details of the medicine and the administration of it are as follows:

1. Name of medicine \_\_\_\_\_
2. Nature of medicine (e.g. syrup/tablets etc.) \_\_\_\_\_
3. Dosage to be administered \_\_\_\_\_
4. Timing of administration \_\_\_\_\_
5. Nature/name of child's condition \_\_\_\_\_
6. Any other relevant details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SUPPLY THE MEDICATION IN A CLEARLY LABELLED CONTAINER WITH THE ORIGINAL  
PHARMACY LABEL

Signed: \_\_\_\_\_ (Parent/Legal Guardian)

Date: \_\_\_\_\_

