

Bromley Heath Infant School

ADMINISTRATION OF MEDICATION – FORM OF CONSENT/INDEMNITY

To enable the school to administer a prescribed medication to your child you **MUST** complete and sign this form. We will not administer any medication if the form is not signed. Parents are also advised that the Headteacher and staff must agree to administer medication as this is a purely voluntary act on their part.

DETAILS OF PUPIL

Surname _____ Forename(s) _____

Date of Birth _____ Class _____

CONDITION OR ILLNESS

Type of Condition or Illness _____

Name and type of medication
(as described on container) _____

How long will your child require the medication? _____
(ongoing or specific time span)

FULL DIRECTIONS OF USE

Dosage and Method _____

Timing _____

Special Precautions _____

I understand that I must personally deliver the medicine to the Head/Secretary/Class Teacher and accept that this is a voluntary service provided by the school.

SIGNATURE OF PARENT _____ **DATE** _____

DATE	DOSAGE	TIME GIVEN	ADMINISTERED BY	WITNESS

