



ADMINISTRATION OF PRESCRIBED MEDICATION

In certain circumstances a medical practitioner may recommend that a child attends school whilst receiving medication.

The Headteacher (or his/her representative) of Georgetown Primary School is prepared to administer such prescribed medication provided that an indemnification form is completed (see below).

ADMINISTRATION OF PRESCRIBED MEDICATION/INDEMNIFICATION FORM

This form should be read carefully and signed by the parent/guardian in the presence of the Headteacher (or his/her representative) when the medication is delivered to the school.

Medication will only be accepted from a parent/guardian and must be clearly labelled with dispensing instructions and the name of the child.

| | | | |
|--|--|--------------|--|
| Name of Pupil | | | |
| Address | | | |
| Date of Birth | | Class | |
| Name of Medication | | | |
| Illness/condition | | | |
| Date(s) to be taken | | | |
| Time(s) to be taken (within school hours) | | | |
| Dosage | | | |

I, being the parent/guardian of the pupil name above, except full responsibility concerning the administering of this medication to my child.

I accept that the school may not be able to adhere precisely to the times of administration stated.

I accept that the school will not be liable in any way for any consequences arising from this administration of, or the failure to administer (due to circumstances beyond control) this medication to the child named above.

| | |
|------------------------------|--|
| Signed | |
| Name (Block Capitals) | |
| Date | |
| Received (Signature) | |