

## Medicines on Residential

To be completed by the child's parent/carer

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

Child's name: \_\_\_\_\_ Year: \_\_\_\_\_ Class: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Class teacher: \_\_\_\_\_

### Medicine information

#### Medicine 1

Name of medicine to be taken: \_\_\_\_\_

Time last administered: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_ ml

#### Medicine 2

Name of medicine to be taken: \_\_\_\_\_

Time last administered: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_ ml

#### Medicine 3

Name of medicine to be taken: \_\_\_\_\_

Time last administered: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_ ml

#### Medicine 4

Name of medicine to be taken: \_\_\_\_\_

Time last administered: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_ ml

**I give permission for a member of staff to administer the above medication to my child**

Signed: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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### This section is to be completed by the academy

Medicine received in school by \_\_\_\_\_ (member of staff)

I authorise the above medicine to be administered to \_\_\_\_\_  
in school, in accordance with the above instructions.

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

