KINGSLEY PRIMARY SCHOOL

DRUGS AND MEDICINES

Doctor ……. has advised that

…… (Child's name)…….. …… (Class)

Is fit to be in school but has been prescribed ……
(Name of medicine/drug)

I authorise Kingsley Primary School to administer the above medicine/drug.

The dosage is: …….every ……...

Signed…… (Parent/Guardian Date….....

It is pointed out that the container must have the patient's name clearly marked. Parents will appreciate that teachers will do their best to see that the medicines are taken but cannot be held responsible if a child fails to present himself/herself for treatment.

Mr Liam Cox
Head Teacher

DATE	TIME	INITIALS