

FOR OFFICE USE ONLY

Medicine & Form handed to…………………………………………………………………………………….

Medicine stored where ………………………………………………………………………………………….

Teaching Staff Share/SEN/Medication in School Form 2020

I give permission for my child……………………………………………………………….in Year………..to take medication for …………………………………………………………….. as prescribed.

Type of medicine: …………………………………………………………………………………………………………….

Dosage: …………………………………………………………………………………………………

Time/s:………………………………………………………………………………………………….

Date: From …………………………………….............. To………………………………………………………..

Signed:…………………………………………………………………………………….

Dated:……………………………………………………………………………………..

**Please note: A responsible adult *must* collect all medication when treatment is complete.**

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| --- | --- | --- | --- | --- | --- |
| Date | Time | Name of Medicine | Dose Given | Signature of Staff | Print Name |
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**Eccleston Lane Ends**

**Medication in School**