



WENTWORTH CE PRIMARY SCHOOL  
ADMINISTRATION OF PRESCRIBED MEDICINES

Dear Head Teacher,

I hereby authorise \_\_\_\_\_ to administer the prescribed medicine to my child. I appreciate every effort will be made to administer the medicine, but that any failure not to do so will not be the responsibility of the school or staff member.

Full Name of Child: .....

Date of Birth: .....

Medical condition or illness: .....

Name/type of Medicine .....  
(as described on container)

Expiry date:..... Duration of course:.....

Dosage and method: ..... Time(s) to be given:.....

Other instructions ..... Self-administration: Yes/No (mark as appropriate)

*The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.*

**I confirm that I am the Parent/Person with Parental Responsibility in respect of the child and accordingly I am legally empowered to give authority for the administration of the above medication.**

Signed ..... Print Name .....  
(Parent/Guardian)

**NOTES:**

- Wherever possible medicine should be brought into school & collected by parents
- The school is only able to administer prescribed medicines which are clearly marked with the child's FULL name

**The school CANNOT accept responsibility for medicines where:**

- The timings of its administration is crucial
- Some technical or medical knowledge or expertise is required

**In Addition**

The smallest practical dose should be brought into school. Glass containers and/or unlabeled containers should not be carried by children.