



Dear Parent/Guardian

At times during the school year staff are asked to give medicine, (eg *Calpol*, *Antibiotics*) to children. We are happy to do this, however we would ask that you would fill in the *Administration of Medication* Form when required. Please state the medication dosage and when it is to be taken. The form must be signed by a parent/guardian.

Additional forms can be requested from the office.

Thank you for your co-operation.

Yours faithfully

D Mitchell
(Principal)

Administration of Medication

Consent Form for Administering Medication in School

Name of Pupil _____

Class _____ Teacher _____

I request permission for my son/daughter to be given the following medication during school hours by the class teacher or a designated member of staff.

Medication _____

Dosage _____

When to be taken _____

Signed _____ Date _____

Please note that this form relates to temporary administration of medication. Any child requiring on-going medication requires a Personal Medical Care Plan which will be discussed and agreed with the Principal and signed by both parties.

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