



Administration of Medicine - School Indemnity

I request that(name of child) be given medicine which is part of a course of medicine from the Doctor.

I have read the School Guidelines regarding medicines in School and agree to accept them.

I indemnify the School against any risk resulting form the possible non administration of medicine as circumstances may arise that mean the medicine is not given.

Name of medication:

Dose to be administered:

Details of medication to be given

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Date dose to be started:

Date dose to be completed:

Signed (Parent) Date

Signed by the Head to acknowledge due receipt of request and agreement that this medication can be administered within the school day. This is dependent upon members of staff being willing to oversee the child taking the medication.