

SUPPLYING MEDICINE TO SCHOOL

Medication administered on Residential



NAME OF PUPIL _____

TUTOR GROUP / CLASS _____

| MEDICINE | DOSE | FREQUENCY |
|----------|------|-----------|
| | | |
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| | | |
| | | |

I give permission for the above named medication to be given to the pupil

named above whilst on residential.

The medicine should be in date and clearly labelled with:

- Its contents
- The owners name
- Dosage
- The prescribing doctors name
- The use by date

I give permission for school to administer Paracetamol Ibuprofen
when required. Please provide required medication. (Please tick)

NAME _____ SIGN _____

DATE _____

PLEASE RETURN TO COMBE PAFFORD SCHOOL