Kite Academy Trust

Temporary Administration of Medicines

Child's Name: ....

Date of Birth: .... Year/Class: ....

Condition or Illness: ....

Parents' Tel: ....

G.P. Name: .... Tel: ....

Special Instructions: ....

....

Allergies: ....

Other prescribed medicine child takes at home:

....

Medicine to be Administered:

Name of Medicine	**Dose**	**Frequency/Times**	**Completion Date of Course**

I agree to members of staff administering medicines/providing treatment to my child as directed above. I accept full responsibility for the instructions provided and understand that, while every care will be taken to administer medication as instructed, staff will accept no responsibility for any mistakes.

Signed: .... Date: ....

Parent/Guardian

Print Name: ....

PLEASE NOTE: Where possible the need for medicines to be administered at the academy should be avoided. Parents are therefore requested to try and arrange the timings of doses accordingly.