



Yes we can

Interim Headteacher: Zee Robins

# AUTHORISATION FORM

(FOR THE DISPENSING OF MEDICINES TO CHILDREN)

**All sections of this form must be completed and handed to the school office. This request will be given to a member of the Senior Leadership Team for authorisation. No medicines can be accepted at this point. Please note that only prescribed medication will be accepted.**

Name of Child .....	Class .....
Childs Date of Birth .....	
Name of Medication .....	
Dosage (how much) .....	How Often .....
To be given by (please tick) Mouth <input type="checkbox"/> Inhalation <input type="checkbox"/> Applied to skin <input type="checkbox"/> Eye Drops <input type="checkbox"/> Ear Drops <input type="checkbox"/>	
Please state any precautions or possible side effects .....	
Signature of Parent or Guardian .....	
Parent or Guardian Name (please print) .....	
Relationship to child ..... Date .....	
Approved    YES    NO <input type="checkbox"/> <input type="checkbox"/>	



*Yes we can*

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Members of staff agreeing to the above responsibility should be satisfied that enough information and instruction has been provided for the procedure to be carried out safely.

Signature of member of staff accepting the request .....

Date ..... Position .....

Signature of member of staff administering the request .....

Date..... Position .....