DUNSWELL ACADEMY - MEDICINE FORM



DATE				ADEN
CHILD'S NAME		CLA	SS	
 NAME OF MEDICIN	VE	EXP	IRY DATE	
DOSAGE		TIME	E(S)	
SIDE EFFECTS				
SPECIAL INSTRUC	CTIONS/STORAGE			
SIGNED (Parent/Carer giving permission)				
Notes on the administering of medicine				
 Department of Health Circular 14/96 appendix 11. There is no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it. This is a voluntary role and staff may choose not to accept liability. However, we are keen to assist pupils and parents where possible. If your child needs to take medicine at school, please inform your child's teacher and ensure the medicine is clearly labelled, with name, dosage, and other special instructions. A single, measured dose is preferable. We will observe the child taking it correctly. Please be advised that even cough sweets can cause drowsiness and should be treated as medicines. Please do not allow your child to keep any of their own medicines, especially cough sweets, which could be accidentally taken by other pupils. 				
 Special arrangements are made for the use of inhalers; this is to be agreed by yourself and your child's teacher. Staff use only (please date and initial) 				
	ise date and initial)			
Date				
Administrator Witness				
Date	<u></u>			
Administrator				+
Witness				
Date	<u></u>			
Administrator				+
Witness				