

# ST GREGORY'S CATHOLIC MIDDLE SCHOOL

## ADMINISTRATION OF MEDICINE IN SCHOOL

**St Gregory's School will not give your child medicine unless you complete and sign this form.**

Child's Name	
Date of Birth	
Class	
Medical Condition or Illness	
Name of medicine	
Dosage (how much to give)	
When to be given	
Any other instructions (include details for inhalers if any)	
Are there any side effects that the school should know about?	
Contact telephone number of parent/guardian	
Medicine to be left at school <b>OR</b> to be taken home each day (please delete as appropriate)	

***In consideration of the Headteacher or St Gregory's School staff agreeing to give medicine to my child (named above) during school hours, I/we agree to indemnify the Headteacher, the School staff and the Local Education Authority against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of negligence of the Headteacher, the School's staff or the Local Education Authority.***

***I accept that this is a service that the school is not obliged to undertake.***

***I agree to notify the school of any changes in writing.***

**Signature of Parent/Guardian**

**Date**

**If more than one medicine is to be given a separate form should be completed for each.**

***N.B. We will not administer medicines containing Aspirin or Ibuprofen unless prescribed by a Doctor***