



CUFFLEY SCHOOL

A Foundation School



Headteacher: **Wendy Wing** Deputy Headteacher: **Charlotte Lloyd**

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ISSUING PRESCRIBED MEDICINE TO A CHILD DURING SCHOOL TIME

This form must be completed by parent/guardian before medicine can be given at school. **All** medicines must be clearly marked with the child's name and prescription label.

NAME		CLASS	
MEDICAL CONDITION			
NAME OF MEDICINE			
DOSAGE			
EXPIRY OF MEDICINE			
STORAGE OF MEDICATION	Fridge	Cupboard	
TYPE OF MEDICINE	Liquid	Tablet	Drops
<i>Medicines can only be administered at break, 10:25-10:45am or lunch-time, 12-1:15pm</i>			
Tick as appropriate	Break	Lunch	
ANY OTHER INSTRUCTIONS			
START DATE			
FINISH DATE			
PARENT/GUARDIAN SIGNATURE			
DATE			

We are collecting this information in order to support your child's wellbeing. It will be displayed in appropriate areas throughout the school. We will keep this information for the duration of the prescribed period.

FOR STAFF USE ONLY: (please initial and put time of dosage)

Week beginning: _____

	MON	TUES	WED	THURS	FRI
AM					
PM					

Week beginning: _____

	MON	TUES	WED	THURS	FRI
AM					
PM					

Week beginning: _____

	MON	TUES	WED	THURS	FRI
AM					
PM					

Week beginning: _____

	MON	TUES	WED	THURS	FRI
AM					
PM					

Week beginning: _____

	MON	TUES	WED	THURS	FRI
AM					
PM					

Medicine finished/returned to parent/carer: _____

Signed: _____

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