



Brunswick House
Primary School

Brunswick House School
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Maidstone
Kent
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PRESCRIBED MEDICINE PERMISSION FORM

To be completed by the parent/guardian. If more than one medicine is to be given, a separate form should be completed for each.

Other than for regular daily medication (e.g. Ventolin), this form is only valid for the duration of the prescription.

Child's Name: _____ Class: _____

Name of Medicine: _____

Amount of Medicine received _____ Expiry date of Medicine _____

How much to give (ie dose) _____ Times to be given _____

Start Date _____ End Date _____

Medicine brought into office by: _____

Any known allergies: _____

Any other instructions: _____

Please note this form is not for ASTHMA Medication. Please fill out the appropriated Asthma medication form. You may need to discuss with the SENCO how your child's asthma will be managed.

DECLARATION:

I request that the above medication be given in accordance with the above information by a responsible member of the school staff who has received any necessary training.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with medicines in properly labelled containers that have the label from the chemist with the child's name clearly stated along with the dosage.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent, and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed _____ Parent/Guardian Date _____

Respect

Teamwork

Empathy

Self-Belief

Honesty

