



Request for Storage and Administration of Medicine at Trinity School

I request permission for my child to be given the following medication by a member of the Trinity School staff as prescribed by my GP. I am unable to administer the prescribed dosage during school hours.

I am aware that the staff cannot guarantee to give the stated dosage at set times although they will endeavour to do so. Trinity School cannot be in any way held responsible for the administration of medicines.

I understand that I will not hold Trinity School responsible for any liability towards my child in relation to the above.

As Parent/Carer I am responsible for completing this form and personally handing the medication to the school office. I will ensure that the medication is correctly labelled with my child's name and medicinal information (dose, frequency, cautionary advice and expiry date). I confirm that the medication has been supplied in the original container and I will collect the medication at the end of the day or once the course has finished.

DATE	
CHILD'S NAME	
CLASS/YEAR GROUP	
NAME OF MEDICATION	
DETAILS OF DOSAGE	
TIME TO BE GIVEN	
ANY OTHER INSTRUCTIONS (reasons for/circumstances in which medication to be given)	

CONSENT

The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering the medication in accordance with the school and CYPES policy. I also confirm and acknowledge that **the school will be notified immediately, of any changes to the above.**

PARENT'S SIGNATURE _____

PRINTED NAME _____

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