Meadow Vale Primary School
Moordale Avenue, Bracknell, Berkshire, RG42 1SY
Headteacher: Mrs Catherine Forrester

SHORT TERM MEDICAL FORM

I request that (Child's Name) ……..…….. Class……..…

be administered the following medication:

Name of medicine	Dose	Frequency/ times	Reason
Special Instructions:			
Known Allergies:			
Other prescribed medicines being taken by the child at home:			
Expiry Date:			

Please tick the statement below which is appropriate:

	This medicine has been prescribed by a doctor to treat a known condition …… (Please state condition)
	This medicine should be kept in the locked medicine cupboard
	This medicine should be kept in the fridge

Parent Declaration:

- I understand that all medicines must be delivered personally to the office by an adult and should **not** be sent into school via a child.
- I understand that this is a service that the school is not obliged to undertake.

- I give my permission for a member of the school first aid team to administer this medication (as detailed on page 1).

Signed:…… (Parent/Carer) Date:……

Print Name: ……

Telephone number: ……

Please note:

Medication will not be accepted in the school unless this form is fully completed and signed by the Parent/Legal Guardian of the child.

The Headteacher reserves the right to withdraw this service at any time.

Office / First Aider use only:

	Medication is prescribed
	Medication is agreed by Headteacher (unprescribed medications only)
	Medication expiry date has been checked
	Medication administration form created
	Staff Signature: