

Goldfield Infants' and Nursery School



Medicine in School Epi-pens or Asthma Inhaler

Child's Name:

Child's Class:

has been diagnosed by their doctor/consultant with:

1.
2.
3.

and I give authorisation for staff of Goldfield Infants' and Nursery School to administer the following medication as required below:

1. Name of Medicine:.....
 - a. Dosage and Frequency:.....
.....
2. Name of Medicine:.....
 - a. Dosage and Frequency:
.....
3. Name of Medicine:.....
 - a. Dosage and Frequency:
.....

I will contact my child's Class Teacher to discuss a Care Plan prior to medication being sent into school

Signed by:..... (Parent)

Date:/...../.....

- *All medicine must be in its original packaging and labelled with your child's name. Schools must hold two epi-pens*
- *Please complete and sign this form and enclose with your child's medicine which must be handed by an adult to a member of staff*