



St. Mary's Catholic Primary School

Barn Lane, Bodmin, Cornwall, PL31 1LW

Tel: 01208 73218 Fax: 01208 73383



Administration of Medicine/Medical Procedure to a Pupil

at St Mary's Catholic Primary School

This is *only* possible for medication prescribed by the child's doctor.

*delete as applicable

A Administration of Medicine

*I wish my childin Year to have the following medicine administered by school staff as indicated below:

1. Name of Medication
2. Time(s) at which it is to be given
3. Amount to be given
4. Dates to be administered

<u>Administer</u>	Tick box
a) Tablet	<input type="checkbox"/>
b) Capsule	<input type="checkbox"/>
c) Liquid	<input type="checkbox"/>
d) Lotion or Ointment	<input type="checkbox"/>

I undertake to deliver the medicine personally to staff in the office and to replace it whenever necessary. I undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital. I will remove any unused medicine on request when the course of treatment is finished.

B. Medical Procedure Involving Physical Contact

*I wish my child to have the following medical procedure applied as indicated below:

1. Injection
2. Catheter
3. Suppository
4. Ointment

In the case of any medicine/procedure which involves intimate bodily contact eg the use of a catheter, suppository or injection, I understand that this cannot be administered until adequate training has been given by a doctor or nurse to one or more members of staff.

Signed _____ Print _____ Parent/Carer

Date _____ Medicine received at school on _____

