

ST JOSEPH'S PARK HILL SCHOOL

ADMINISTERING OF MEDICINES FORM

I request that a member of staff a given instructions.	dminister the named me	dicine to my child, complying with the
Name of Child:		
Name of Medicine:		
Dosage:		
Time to be administered:		
Parent/carers name and relationship to child:		
Signature:		
Date:		
Date	Time	Administered by - Signature