



Our Lady's RC Primary School
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AUTHORISATION TO ADMINISTER DRUGS/MEDICATION TO A PUPIL

Please note: Wherever possible medication should not be sent into school. In certain circumstances, and at the Headteacher's discretion, medication might be administered and in those cases this form must be completed. As children should not carry medication it is the parent's responsibility to get the medication to and from school.

Name of Pupil _____

Class _____

I hereby Authorise _____
 (Staff member at Our Lady's School)

To administer/supervise the administration of* the following medication
 (please include dosage and time/s to be administered)(*delete as appropriate)

SignedParent/Carer

I accept that I will not hold the Headteacher, member of staff, nor the LEA, nor its servants or agents responsible of any adverse effect from the administration of the above named medication.

Date _____

The above medication has been administered as requested as follows:

Date and Time	Administered / Supervised By

