

## Appendix I

# Charlton Kings Infants' School

Authorisation to administer medication prescribed by a doctor

Form and medication to be handed into reception office.  
Medication (except inhalers) will be administered at 12 noon.

I authorise the responsible\*\*member of staff to administer the medication listed below to:

**Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

Between these dates: \_\_\_\_\_/until further notice\*

(\*Delete as applicable) (\*\*Nominated by Head teacher)

### Medication details:

Please list all items, with details on administration, quantity of tablets (if relevant), expiry dates and storage details.

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I will collect any unused items on or before the end of the week **or**

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Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Form accepted by: \_\_\_\_\_ (member of staff)

## Appendix II

Medication administered

[illegible]