

NAVIGATION PRIMARY SCHOOL

TRAFFORD MBC

School Medical Administration Form

Child's Name _____ Class: _____

Date: _____

Medicine to be taken in school time

Name of medicine	Dose & when to be taken	Please indicate if just for relief treatment when needed

Please label ALL medicines clearly with your child's name and ensure an adult drops off at the office in the morning and picks up after school.

(for safety reasons, medicine should never be put in the children's bags)

Please note if your child forgets to come to the office for the medicine it is not the responsibility of the school.

Signed : _____ Parent/Carer

Date: _____