



Kimbolton School

ADMINISTRATION OF PRESCRIPTION MEDICINE

Please complete this form if you would like us to administer a prescription medicine to your child. Where more than one medicine is to be given, we need a separate form for each one.

DATE: _____

NAME OF CHILD: _____ FORM: _____

has been unwell with *(type of illness)*.....

Please give *(name of medicine)*

.....

at *(time)*

.....

for*(day/s)*

SIGNED: _____ (Parent/Guardian)

NAME: (please print) _____

A SEPARATE FORM MUST BE COMPLETED FOR EACH MEDICINE