

MIDDLETON-IN-TEESDALE NURSERY AND PRIMARY SCHOOL



OFSTED SAY: WE ARE A GOOD SCHOOL WITH MANY OUTSTANDING FEATURES

FROM THE INSPECTION REPORT OF NOVEMBER 2007
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WE ARE AN F.A CHARTER SCHOOL - Dec 2005
WE ARE A NAACE QUALITY MARK SCHOOL - April 2006
WE ARE AN ACTIVE MARK SCHOOL - Dec 2008
WE ARE AN 'I CAN' ACCREDITED SCHOOL - March 2009

Administration of Medication in School or in an Educational Situation

I request that (Name of child in full)
Date of birth be given the following medication,
which has been prescribed by a registered medical practitioner:

..... (Name of medicine)
..... (Dosage)
..... (Method of administering)

at the following time / times during the school day:
.....

I understand that the medication will be administered by:
..... or in his / her absence another Identified Person
named in the Medication Policy

I understand that the medicines must be delivered to school by myself or another responsible adult
& handed to (Name of Identified Person)
and collected at the end of each day / week / half term (delete) and that this is a service which is
subject to agreement with the school.

I understand it is my responsibility to check expiry dates & condition of medication.

Signed (Parent / Guardian)

Date

Address

**Note: Medication will not be administered unless this is completed & signed by parent/guardian
The Governors / Headteacher reserves the right to withdraw this service
Parents are asked to familiarise themselves with the school's Medication Policy**