

## Cookridge Holy Trinity Church of England (A) Primary School

Green Lane Cookridge LEEDS LS16 7EZ
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www.holytrinity.leeds.sch.uk

## **Authorisation for Administering Medicine in School**

In consideration of you allowing me to bring my child's medicine to school so that it can be administered to him/her, I hereby indemnify all members of staff of the school against all claims arising through the administration of the medicine.

Instructions	to schoo	l Office

Name:	Class:
Name of Medicine:	
	Finish Date:
Signed by Parent/Guardian:	Date:

## **Privacy Notice**

By signing this form you have given consent for us to use the information given above for the purpose of administering medication. This information will be shared with class teachers and relevant staff. This form will be kept in the Medical File and stored securely until the end of the Academic Year and then destroyed.



























