Medicine in School

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname .....

Forename .....

Class .....

Condition or illness.....

MEDICATION

Date medication provided by parent.....
Name of Medication (as described on the container) .....
.....
Date Dispensed and Expiry Date ...../.....
Dosage and method (how much and when) .....
.....
When is it taken (Time of day)/ How long for?.....
.....
Special Precautions .....
.....

CONTACT DETAILS

Name .....

Daytime Telephone .....

Relationship to pupil .....

GP Practice …… Practise Contact Number …….

I agree to members of staff administering medicines/providing treatment to my child as directed above. I agree to update information about my child's medical needs held by the school and that this information will be verified by GP and/or medical Consultant.

I will ensure that the medicine held by the school does not exceed its expiry date.

Parent Signature .....Staff Signature.....

Print Name..... Print Name.....

Date			
Time given			
Dose given			
Member of staff			
Staff Initials			

Date			
Time given			
Dose given			
Member of staff			
Staff Initials			

Date			
Time given			
Dose given			
Member of staff			
Staff Initials			

Date			
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