



## Administration of Medicine

The school will only give your child medicine which has been prescribed by a GP or hospital doctor once this form has been completed.

It is a requirement to complete and sign this form, which must be handed to the office along with the medicine.

If your child has asthma, please also provide your child's asthma action plan. If you do not have an action plan from your GP, then please provide your own plan.

All medication must be in date and in its original packaging with the child's name on. We will not exceed the dosage stated on the instructions.

If a child needs medication during the day that is not prescription, where possible, it should be administered before they get to school and when they return. The headteacher reserves the right to refuse certain medication being administered by staff.

All medications will be kept secure; no medication should be in your child's bag.

### DETAILS OF PUPIL

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

### MEDICATION

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) \_\_\_\_\_

Special Precautions (eg before or after food) \_\_\_\_\_

### CONTACT DETAILS

Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

I understand that I must deliver the medicine personally to the office staff and accept that this is a service, which the school is not obliged to undertake. I also understand that it is not the responsibility of the school to ensure that the medicine is taken and that my child must remember to attend the office at the agreed time.

Parent Signature \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

To completed by office staff:  
Details entered on SP:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



**Office use only.**

**Dosage given:** .....

**Time & Date it was administered:**.....

**Initials of staff who administered:** .....

**Office use only.**

**Dosage given:** .....

**Time & Date it was administered:** .....

**Initials of staff who administered** .....