



### ADMINISTERING MEDICATION IN SCHOOL

*Guidance on administering medicines to children in school is taken from the Department of Health "Managing Medicines in Schools and Early Years Settings" March 2005*

***Please see the policy on Administering Medicines in School for full details.***

#### DETAILS OF PUPIL

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

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

#### MEDICATION

Name/type of Medication (as described on the container) All medicines **must** be in their original container and packaging  
\_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

***School will not administer aspirin or any medication containing ibuprofen.  
Antibiotics will only be administered where the dosage is 4 times per day.***

#### Full directions for use:

Dosage and method: \_\_\_\_\_ Time: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Side effects \_\_\_\_\_

Self administration: \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_  
\_\_\_\_\_

***I request that the above medication be given and I understand that I must deliver and collect the medicine personally to the school office.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

***The school will not be able to give your child medication unless you complete and sign this form.  
Letters are not acceptable.***