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.

Medication for (Child's Name)……

No.	Name of Medication	Dosage	Expiry Date
1			
2			
3			
4			

I understand that it is my responsibility to ensure that I supply the correct medication for my child and that it is within date.

Parent/Carer……..

✂ ……..

MEDICATION KEPT AT SCHOOL
SHORT TERM / LONG TERM (Delete as necessary)

Date given to school……

No.	Name of Medication	Dosage	Expiry Date
1			
2			
3			
4			

PLEASE KEEP THIS AS A REMINDER TO RENEW YOUR CHILD'S MEDICATION AT THE APPROPRIATE DATE SHOULD THIS BE NECESSARY