

Medication to be administered/kept in School

Date.....

Child's Name.....

Class.....

Your Name.....

Relationship to Child.....

Name of Medication.....

Dosage.....

Route to be given.....

Time(s).....

From..... To.....

Expiry Date.....

(It is the responsibility of the Parent/Guardian to ensure that medicines are in date)

Has this medication been previously taken? Yes/No

Were there any adverse side effects? Yes/No

.....

Does the medication require refrigeration? Yes / No

Reason for/circumstances in which medicine is to be given (please give full instructions):

.....
.....

(no medication can be given without this information)

Parents / Guardians are responsible for:

Personally handing all medication into the office

Completing this form for each medicine and updating contact details if there are changes

Ensuring that the medicine is correctly labelled with the child's name, medicine name, dose and frequency of administration, cautionary advice and storage information

Collecting and replacing any expired medicine

Making sure that their children take their medicine (as necessary) to any out-of-school activities (this will usually be held by the teacher in charge)

Informing the school whether an adverse effect may result from failure to receive the medicine or the possible side effects of administration

The school is responsible for:

Undertaking to administer medicines as agreed with parents

Correct storage of medicines

Maintaining a record of the medicine administered

Contact name:.....

Phone number:.....

Signed.....Parent/Guardian

Date.....

