

Stadhampton Primary School



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ADMINISTRATION OF MEDICATION FORM

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of child:	
Date of birth:	
Class/year:	
Medical condition or illness:	
Medicine Name/type of medicine (as described on the container):	
Expiry date:	
Dosage and method:	
Self-administration:	YES/NO
Timing:	*Staff to log administered time over page
Special precautions/other instructions:	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Pupil is prescribed an asthma inhaler:	YES/NO
Pupil will carry inhaler to self-administer as required	YES/NO

In the event of emergency, first aid procedures will be followed by calling 999 for an ambulance

Contact Details

Name:	
Relationship to child:	
Daytime telephone number:	
I delivered the medicine personally to:	member of staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: _____ Date _____

