



Date received:

Review date:

Administration of Medication Form

**The school will not give your child medicine unless you complete and sign this form.
School cannot accept verbal instructions as authorisation.**

Please note: Current guidelines state that medication should only be taken in school if not doing so would be detrimental to the health of the young person. For example, a prescription for medication to be taken three times a day could be taken in the morning before school, straight after school and last thing at night. A prescription for medication to be taken four times a day would require a further dose to be taken at lunchtime. In cases where it is essential that a child takes medication during the school day please read and complete this form.

Section A: (To be completed by all Parents/Carers)

Name of young person

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Date of birth

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Form and HoY

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Does this young person have an Individual Healthcare Plan completed in school?

Yes / No

Medical condition or illness

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Parent/Carer contact details

Name

--

Daytime telephone no.

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Relationship to child

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Address

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Complete Section B if you would like your son/daughter to keep their medication with him/her for use as necessary.

AND/OR

Complete Section C if you wish school to administer and store the medication.

Section B: Complete if you would like your son/daughter to keep their medication with him/her for use as necessary.

Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

I confirm that my Son/Daughter has received suitable information, instruction and training and is competent to administer and safely store their own medication.

Signature of Parent/Carer:

Date:

Signature of Young Person:

Date:

Section C: If you wish school to administer and store the medication.

Is this emergency medication as recorded in an Individual Healthcare Plan? Yes /No

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
When should it be taken during the school day	
Special precautions/other instructions	
Medicine storage requirements	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
I understand that I must deliver the medicine to the Medical Conditions Co-ordinator in school.	

NB: Medicines must be in the original container as dispensed by the pharmacy. School cannot issue medication if it is not in the original, labelled container.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I am responsible for ensuring all medication has not passed its expiry date and replacing as necessary. I will collect any unused medication and dispose of it safely.

Signature of Parent/Carer:

Date: