



St Polycarp's Catholic Primary School

Administration of Medicine Form

The school will not give your child medicine unless you complete and sign this form.

Name of child

Date of birth

Class

Medical condition or illness

Medicine:

Medicine prescribed by the GP MUST be in its original container with dosage instructions

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timings

Special precautions/other instructions

Are there any side effects that the school needs to know about?

If non-prescribed e.g. Piriton please indicate if your child has had it before and any known side effects

Self-administration – y/n

Procedures to take in an emergency

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

All medicines must be collected from the office after the course has finished.

Only prescribed medicines that require administering 4 times daily will be given

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

Office Staff only

I understand that I must deliver the medicine personally to

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.

Signature(s)

Date