

Medication Administration Form

Please read the following before completing the form:

- The school will only administer medication prescribed by a doctor for the child named on the form
- All medication must have original packaging and patient information leaflet
- All medication must be brought to the office by an adult and must be collected by an adult at the end of the day
- The school cannot be held responsible if the child has an adverse reaction to the medication
- The school will only administer medication if the appropriate staff are available to do so
- The school reserves the right to refuse to administer medication.
- **If providing an unsealed or opened packet/bottle then parents take full responsibility for the contents within those.**

Pupil's Name:	Class:
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Address:	
Condition/Illness:	
Name/Type of Medication:	
For how long will child be required to take medication:	
Amount to be given:	
When to be given: (Time)	
Additional instructions/information: (eg before/after food, interaction with other medicines, possible side effects, storage instructions)	

Emergency Contact 1:

Name: Daytime Telephone No:
 Relationship to Child:

Emergency Contact 2:

Name: Daytime Telephone No:
 Relationship to Child:

When you have completed the form and **accepted the above conditions**, please sign here:

Signed:	Dated:
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School Use: Head Teacher's authorisation:	
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