

# Stannington First School

## Administration of Medication to Children



*It is only possible to administer medication that a doctor has prescribed*

Name of child

Has the following medical condition

I wish for him/her to have the following medication administered by staff, as indicated below:

Name of medication:

Dose/amount to be given:

Time(s) at which to be given:

Means of administration:

How long will the child require this medication to be administered

Known side effects and any special precautions

Procedures to take in case of emergency

Emergency contact 1

Name

Telephone number

Emergency contact 2

Name

Telephone number

I authorise the above to be given to my child in school:

Signed :

Dated: