



If your child is taking a prescribed medicine which needs to be administered during the school day, this may be handed in to Reception by an adult with this form. Medicines must be in the original container as dispensed by the pharmacy.

No medication will be accepted unless it is accompanied by this completed form.

NB A separate form should be completed for each item.

Name of Student		Date of Birth		Form Group	
Name of medication <i>(as described on the container)</i>					
Amount <i>(e.g number of pills, amount of liquid)</i>					
Date of Expiry					
Dose and method of administration <i>(the amount taken and how medication is taken e.g. tablets, inhaler, injection.)</i>					
When is it taken? <i>(time of day)</i>					
Are there any signs when the medication should <u>not</u> be given?					
Name of person who brought medicine in and relationship to student		Date brought in			
Staff signature		Date			

Daytime phone number of parent or adult contact			
GP Surgery Name		GP Surgery Tel No.	

It is my responsibility to ensure that the medication is 'in date'. I will collect out of date medicine and provide a replacement. I give consent to school staff to administer the above prescribed medication. I will inform the school immediately in writing if there is any change in dosage or frequency of medication or if the medicine has been stopped.

Print name (Parent/Carer)	
Signed (Parent/Carer)	
Date	