TPS

Medicine Administering Form

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

Please return it to a member of staff at Reception

Name of child ……..

Date of birth ……

Tutor group …….

Medical condition or illness…….

Medicine ……

Name/type of medicine…….

(as described on the container) ……

Expiry date……..

Dosage and method……

Timing ……

Special precautions/other instructions ……

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

…….

Self-administration – y/n……

Procedures to take in an emergency ……

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

Contact Details:

Name ……

Daytime telephone no. ……

Relationship to child……...

I understand that it is my child's responsibility to ensure that the medication is taken correctly.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer 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 ……