

Peterston super Ely CIW Primary- Medicine Administration Form

The school will not give your child unless you complete and sign this form, and the Headteacher has agreed school staff can administer the medication.

PUPIL DETAILS

Surname: _____ Forename: _____

Address: _____

Class: _____ Date of Birth: _____

Medical Condition: _____

MEDICATION

Name of medication (as written on the container): _____

For how long will your child take this medicine: _____

Date dispensed: _____

DIRECTIONS FOR ADMINISTRATION

Dosage and Method: _____

Timing: _____

Special precautions/side effects/self administration

CONTACT DETAILS

Parent/Guardian: _____ Tel No: _____

Relationship to pupil: _____

Address: _____

I understand that I must deliver the medicine personally to the school office and accept this is a service which the school will not make without the medicine being prescribed.

Signed: _____ Date: _____