



Administration of Medication during the School Day – SHORT TERM

Note: Medicines must be the original container as dispensed by the pharmacy

Name of Pupil	
Year group	
Date of Birth	
Medical condition/illness	

Medicine

Name of Medicine	
Dosage to give	
When to be given	
Special Precautions or other instructions	
When does the medication need to stop	
Any side effects that the school needs to know about	
Self Administration	YES/NO (delete as appropriate)
Procedures to take in an Emergency	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must notify the school/setting of any changes in writing.

Date
Name
Signature
Relationship to child
Daytime Tel Number