



MEDICATION ADMINISTRATION FORM

Etwall Primary School's Administering Medication Policy states that staff may administer medicine with the consent of a parent or carer. The school can administer prescription, and in some cases, over the counter medications.

The school **WILL NOT** give your child any medications unless you complete and sign this form. If more than one medication is to be given **a separate form must be completed for each one.**

PLEASE NOTE:

- The school will only administer medicines that have been taken previously
- A first dose of a new medicine **WILL NOT BE GIVEN** at school
- Medicines **MUST** be in their original container
- School will record administration of medication on Medical Tracker

Child's NAME:		DOB:	
CLASS:			
MEDICAL CONDITION:			
MEDICATION NAME:			
MEDICATION DOSE:			
Medication Type (tablet/liquid etc):		GP Practice:	

Timing / Other Instructions E.g Self Administration

SIDE EFFECTS / PROCEDURES TO FOLLOW IN AN EMERGENCY:

IF LONG TERM MEDICATION, REVIEW DATE TO BE INITIATED BY SCHOOL ANUALLY IN SEPTEMBER

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to school staff administering medicine to my child 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.**

Parent / Carer NAME:		MOBILE NUMBER:	
Parent / Carer SIGNATURE:		DATE:	