Medicine in School Form

This form must be completed when medicines are brought into school from home.

ALL MEDICINE BROUGHT INTO SCHOOL MUST BE CORRECTLY LABELLED

Please note - Medicine not in the original container complete with pharmacist's label may not be administered.

Details of Pupil:

Surname_____ Forename:_____

Today's Date_____ Date of Birth:_____

Male ☐ Female ☐

Medication:

Name of medication-as described on the container _____

Reason/Condition_____

Dosage_____ Time to be taken_____

Duration of course_____

Special Precautions (e.g. to be kept in the fridge, take after food etc)

_____

Possible Side Effects_____

_____

Medicine in School

Please tick the appropriate boxes and sign below:

☐ This has been prescribed by a Doctor for the pupil named overleaf. I give my permission for it to be kept safely in the child's possession and for him/her to self-administer as detailed overleaf.

☐ This has been prescribed by a Doctor for the pupil named overleaf and I wish it to be handed in to staff for safe keeping and administered at the time(s) detailed overleaf. If a course of medication has been prescribed a weekly supply can be sent to school which must be in the original container complete with the pharmacy label.

☐ This is an 'over the counter' remedy. I wish my child to keep it safely in their possession. Please do not send more than the required amount for one day at a time.

☐ This is an 'over the counter' remedy for the pupil named overleaf and I wish it to be handed in to staff for safe keeping and administered at the times detailed overleaf.

Signature_____ Date_____

Print Name_____

Relationship to Pupil_____

PLEASE PASS ONTO THE SCHOOL RECEPTION. IF YOU WISH THE MEDICATION TO BE KEPT IN THE PUPILS POSESSION, A LETTER MUST BE KEPT WITH THE MEDICINE.