

## Administration of Medication

<b>Name of Pupil</b>	
<b>Date of Birth</b>	
<b>Year Group</b>	

### Details of medication

<b>Name/type of medication (as described on container)</b>	
<b>Expiry date</b>	
<b>Dosage/timing and method of administration when in school</b>	
<b>Time of last dose given</b>	
<b>Any special precautions or other instructions</b>	
<b>Can pupil self-administer?</b>	

<b>Parent/Carer Daytime Phone No.</b>	
<b>I will deliver the medication personally to (agreed member of staff)</b>	

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 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 agree to members of staff administering medicines/providing treatment to my child as directed or in the case of emergency, as staff may consider necessary.

I recognise that school staff are not medically trained.

<b>Signature of parent or carer</b>	
<b>Print name</b>	
<b>Date of signature</b>	

PTO/...

