Administration of Medication

Name of Pupil	
Date of Birth	
Year Group	

Details of medication

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

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

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 can confirm that the medicine has been previously administered without adverse effect.

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.

Signature of parent or carer	
Print name	
Date of signature	

PLEASE COMPLETE OVERLEAF

Administration of Medication Medicine Handover

At the beginning of each school day it is the responsibility of the parent/guardian to hand medicine over to the member of staff including when a dose was last administered at home.

At the end of the school day the medicine must be handed back to the parent/guardian. Please complete this log each day below

Date	Timing of dose last given at home	Medicine handed to(insert parent/staff name)	Parent/Guardian Signature	Staff Signature

Medicine Given in School - 2 members of staff to be present and sign

Date	Time	Dose Given	Administered Print name	Administered Signature	Witnessed Print name	Witnessed Signature