



Administering Medicine at School

Details of Pupil	
Child's Name	
Address	
Contact Telephone Number	
Date of Birth	
Class Teacher/Class	

Medication	
Nature of condition / illness	

Directions For Use	
Name of medicine and Dosage	
Time of day for dose	
Special precautions	
Procedures to follow in emergency	

Medicine will not be given to children unless this form has been completed and returned, with the medicine, to the school office.

The school will keep the medicine in a safe place in the medical room.

Signed (Parent/Carer) Date

Authorised by: Date:

[illegible]