

CLAREMONT PRIMARY SCHOOL



Administering Medicine in School

The school will not give your child medicine without this form being completed and signed, and the Headteacher has agreed that school staff can administer the medication.

CHILD'S DETAILS

Child's Name: _____

Date of Birth: _____

Address: _____

Class: _____

Condition or illness: _____

MEDICATION

Name of medication: _____

Date dispensed: _____

For how long will your child take this medicine: _____

DIRECTIONS FOR USE

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Procedures in an emergency: _____

CONTACT DETAILS

I understand that I must deliver the medicine personally to the office or the class teacher and accept that this is a service which the school is not obliged to undertake

Name: _____

Phone Number: _____

Relationship to pupil: _____

Signature: _____ Date: _____

