

GROSVENOR ROAD PRIMARY SCHOOL

ADMINISTRATION OF MEDICATION FORM

School staff are only permitted to administer medicines which have been prescribed by a doctor. Please refer to the school policy – Medical Needs and Medicines Policy.

Medicines must be in a measured dose, clearly marked with the child's name and dated.

DETAILS OF PUPIL			
Surname:		Forename:	
Address:			
DOB:		M/F:	
Condition or illness:			
Class:			
MEDICATION			
Name /Type of medication as described on the container			
For how long will your child take this medication for?			
Date dispensed:			
FULL DIRECTIONS FOR USE			
Dosage and method:			
Timings:			
Special Precautions:			
Side Effects:			
Self-Administration:			
Procedures to take in an emergency			
CONTACT DETAILS			
Name:			
Relationship to child:			
Address:			
Daytime Tel No:			
I understand that I must deliver the medicine personally to the School Office in an individual measured dose and accept that this is a service which the school is not obliged to undertake			
Name:			
Signature :			
Date:			
Relationship to pupil:			