

ADMINISTRATION OF MEDICINE FORM



ABBOTS FARM INFANT SCHOOL

Abbots Way, Rugby, Warwickshire, CV21 4AP

Tel: (01788) 543093

Headteacher: Mrs J Lovejoy

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL		
Surname:	M / F:	
Forename(s):	Date Of Birth:	
Class:		
Condition or illness:		
MEDICATION		
Name / Type of medication (as described on the container):		
For how long will your child take this medication:		
Date dispensed:	Expiry date:	
FULL DIRECTIONS FOR USE:		
Dosage and method:	Timing:	
Special precautions:		
Side effects:		
Self-administration:	Yes / No	
Procedures to take in an emergency:		
CONTACT DETAILS:		
Name:		
Contact number:		
I understand that I must deliver the medicine personally to either the school office for routine medication or the class teacher for emergency medication and accept that this is a service, which the school is not obliged to undertake.		
Signature:	Date:	
Relationship to pupil:		
For office use only :-		
Received by:	Status:	Date:
For Class use only :-		
Received by:	Status:	Date:

