



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

Details of Pupil

Surname: _____ Forename: _____

Address: _____

Class: _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/type of medication (as described on the container): _____

Date dispensed: ____/____/____ Expiry date: ____/____/____

Full directions for use:

Dosage & method: _____

NB Dosage can only be changed on a Doctor's instructions

When taken: _____

Special precautions: _____

Are there any side effects that the School needs to know about?

Self Administration: Yes/No (delete as appropriate)

I understand that whilst all best efforts will be made, staff at St Patrick's PS Saul accept no responsibility for omitting to administer this medication or administering the medicine at a time different from that specified above.

Signed(Parent/Guardian):

Date:

Please note that this form relates to temporary administration of medication. Any child requiring ongoing medication requires a personal medical care plan which will be discussed and agreed with the Principal and signed by all who have input to the plan.