CHILDREN WITH MEDICAL NEEDS IN SCHOOL

SHORT TERM MEDICATION

Your child will not be given medication in school unless this form is completed and signed.
A separate form must be completed for each medicine to be administered. Should you wish to check that your child has received the correct medicine, please ask to see this form when you collect the medicine at the end of the day.

Child's name:	
Class:	
Illness:	
Name of medication and expiry date	
Name & contact details of doctor who prescribed medication:	

Directions for Use:				
Dose:				
Time:				
Side Effects:				
Self Administration:				
How it should be kept & stored:				
Record of doses given	Date: Time: By:	Date: Time: By:	Date: Time: By:	Date: Time: By:
Date: Time: By:	Date: Time: By:	Date: Time: By:	Date: Time: By:	Date: Time: By:
Emergency Procedures:				

Contact Details:

Name:	_____	Home Tel:	_____
Address:	_____	Work Tel:	_____
	_____	Mobile Tel:	_____

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school (LEA) policy. I will inform the school in writing of any changes to the above information.

Signed: _____ Date: _____