

The school will only accept prescribed medicines as dispensed by a pharmacist in the original box. This medication must be in date and include the pharmacy label clearly stating the students name, instructions for administration, dosage and storage. Blister packs must be accompanied by the original packaging with the expiry date and the name of recipient clearly visible. The school will only accept non prescribed medicines in the original container with the instruction leaflet.

First name	Surname	DOB	Year/ Form
Contact numbers			
GP			
My child will be responsible for the self-administration of medicines as directed below			
I agree to members of staff * administering medicine to my child as directed below			

Medicine name	Liquid/ tablets	Amount needed	Times
Special instructions			
Allergies			
Other prescribed medicines			

Signature of parent/ carer: _____

* I understand that school staff have undertaken the relevant training to administer medication in school but are not medically trained

Date	Quantity Received	Quantity Returned	Expiry Date	Signature	Witness signature

First name	Surname	DOB	Year/ Form
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