

Appendix 2

Form for parents to complete if they wish the school to administer medicine

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

Details of Pupil

Surname		Forenames			
Signature of Parent					
Address					
Date of Birth		M	<input type="checkbox"/>	F	<input type="checkbox"/>
Class					
Condition or illness					

Medication

Name/Type of Medication <i>(As described on the container)</i>				
For how long will your child take this medication?		Date dispensed	/	/
Full Directions for use				
Dosage and method				
Timing				
Special precautions				
Side effects				

The information on this form should be reviewed every 28 days.

Appendix 3

Form for schools to record details of medication given to pupils

Date	Pupil's name	Time	Name of Medication	Dose given	Dose missed / reason	Any reactions	Signature of staff	Print Name	Witnessed by