Appendix 1

CHRYSTON PRIMARY SCHOOL

Administration of Medicines

Parental Request Form

Name of pupil .....

Date of Birth ..... Name of medication.....

Dosage .....

Times to be taken / used .....am.....am.....pm.....pm.....

Illness..... from.....

Name of G P .....

Address of G P .....

Phone number of G P .....

I would confirm my child .....
requires the above medicine and that it can be administered by a non medically qualified person. I will also undertake to inform the Headteacher immediately of any changes in the medication.

Home Address .....

.....

Phone number .....Mobile number.....

Signature of Parent / Guardian .....

Date .....

If no phone or mobile number, please give the phone and contact for a neighbour / relative

Neighbour's name .....Contact number.....

Appendix 3

Chryston Primary School

Administration of Paracetamol

Record of issue of Paracetamol

Name of child ..... Class .....

Dosage instructions .....

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Please ensure that any brand named products contain only paracetamol

Date + Time	Quantity	+ type + strength	Reason	Who by	Initials
		Infant / Six Plus liquid / tablets 125mg/5ml 500mg 250mg/5ml			