

Pupil name		Parent completing form	Photo (child/medicine)
Address		Print name/relationship	
Date of birth		Signature/date	
Medical condition or illness/reason for medication		Emergency contact details	
Symptoms	Please include symptoms that would require medication to be given on a 'when required' basis.		
Name of medication as shown on container			
Form of medication	<input type="checkbox"/> cream <input type="checkbox"/> tablet <input type="checkbox"/> inhaler <input type="checkbox"/> liquid <input type="checkbox"/> other _____ (please state) Please ensure medicine and inhalers come in their original box and information leaflet.		
Strength of medication	E.g. 125mg/5ml, 200mg		
Dosage and frequency of use	Full directions of use (e.g. quantity to be taken orally/how many drops/thinly apply to forearm) and times to be administered. Please include details or repeat administration is needed if symptoms persist, e.g. inhalers.		
What to do if medication is ineffective, spat out or refused	E.g. phone home immediately, report at end of day.		
Details of aftercare required after medication given.			
Time period medication is to be given.	E.g. 2 days, 1 week, ongoing	Date medication dispensed	If prescribed by doctor
Expiry date	As shown on container		

Note: Ensure staff are informed if child has had medication before attending session, e.g. time of last dose given. If it is a new medication for the child, the child MUST be given first dose at home.

For office use only:

Amount of medication received from parent/carer		Staff initials to confirm information has been shared	All staff please initial
Medication stored properly in line with policy	<input type="checkbox"/>	Administering medicine form in PRF	<input type="checkbox"/>
Remaining medication returned at end of time period as stated above	Date Amount	Additional care required after medication is given	<input type="checkbox"/>
Review dates		Replaced required	
Completed by	Head Teacher/Senior Practitioner	Reviewed by	Head Teacher/Senior Practitioner