

**PINCHBECK EAST PRIMARY SCHOOL MEDICINE ADMINISTRATION FORM**

**PLEASE COMPLETE SECTION 1 AND 2**

**SECTION 1**

*To be completed by parent/guardian*

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

**DETAILS OF PUPIL:**

Full name: .....

Address:.....  
.....  
.....  
.....

M/F:.....

Date of Birth:.....

Class:.....

Year Group:.....

Condition or illness: .....  
:.....

**CONTACT DETAILS:**

Name:..... Daytime Telephone No:.....

Relationship to pupil:.....

Address:.....  
.....

I understand that I must deliver the medicine personally to the School's Administrator (Mrs Scupham) and accept that this is a service which the school is not obliged to undertake.

Date:.....

Signature:.....

## **SECTION 2**

Name \_\_\_\_\_ Class \_\_\_\_\_

Name/type of Medication: .....

For how long will your child take this medication:.....

Date dispensed:.....

### **Full directions for use:**

Dosage and method:.....

**NB** Please ensure all medicines are labelled and appropriate spoons and dosage equipment are included.

Timing:.....

Special precautions:.....

Side effects:.....

Procedures to take in an emergency:.....

## **SECTION 3**

*To be completed by teaching staff*

<b>Date</b>	<b>Time</b>	<b>Dosage</b>	<b>Any reactions</b>	<b>Staff Signature</b>	<b>Staff Signature</b>

Medication to be administered as above by \_\_\_\_\_(member of staff).

Signed by (Headteacher or School Administrator) \_\_\_\_\_

Date \_\_\_\_\_