



MEDICATION RECORD

Date _____

Child's Name _____

Class/tutor group _____

Name of medicine _____

How much to give (i.e. dose) _____

When to be given _____

Any other instructions _____

Name of persons able to administer medication _____

Phone no. of parent or adult contact _____

Name of G.P. _____

G.P. Telephone Number _____

CONSENT

The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering the medication in accordance with the school and the Education Department's policy.

The school will be notified immediately, of any changes to the above.

Parent's Signature _____

Print Name _____

If more than one medicine is to be given a separate form should be completed for each.

Please note that requests for the administration of Calpol or Nurofen will only be considered for pain relief (for example to support a child with a fracture or sprain).

If a child requires this type of medication for other reasons (for example to reduce a fever or temperature) school will question if the child is fit to be in school.