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| **Overleigh St Mary’s CE Primary School Medication Administration Form** |
| **The school will not give your child medicine unless you complete and sign this form.**   |  |  |  | | --- | --- | --- | | Name of child: | |  | | Date of birth: | |  | | Class: | |  | | Medical condition/illness: | | | | Medicine/s: | | | | Name/type of medication as described on the container: | | | | Date dispensed: | Expiry date: | | | Agreed review date: …………………………………………………………………………………………  Review to be initiated by: …………………………………………………………………………………… | | | | Dosage, method and timing: | | | | Special precautions: | | | | Are there any side effects that the school needs to know about? | | | | Self-administration: Yes/No (delete as appropriate)  Any specific training required for staff administering? Yes / No (delete as appropriate) | | | | Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |