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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.**

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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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