**Medication *Form***

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| Blaby Stokes C of E Primary |
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**School**

Name of Child

Date of Birth

Class

Medical condition/illness

**Medicine**

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Name/type of medicine

(*As described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects we need to know about?

Self –administration y/n

Procedures to take in an emergency

**NB: Medicines must be in the original container as dispensed by the pharmacy**

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**Contact details**

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver

The medicine personally to

***The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.***

Signature Date Admin first aid