

Record of medication given to school

Name of school/setting	NHLC – CRC / MDC
Name of pupil:	
Year group:	
Date medicine is given to the school:	
Name of medication/ Strength:	
Quantity received	
Medical condition or illness?	
What is the dosage and method:	
Special precautions/other instructions?	
Are there any side effects?	
Self-administration:	
Expiry Date:	
Frequency of medicine/timings?	
If the medication expires before use, what would you like the school to do with it?	

Medicines must be in the original packaging as dispensed by the pharmacy. Sachets that have been cut or altered will not be accepted. The school office staff can cut the sachet if needed.

Contact Details of the person delivering the medication

Name

Relationship to child

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

Parent / Carer signature _____

Staff signature _____