



Students requiring Medication in school

Staff will not be able to give your child medication unless you complete and sign this form. Under the guidance from the Dfe supporting pupils at school with medical conditions December 2015, Any **Prescribed** medication must come in its original container/packaging and be clearly labelled with the student's name, dosage/frequency of administration, date of dispensing, cautionary advice and expiry date (*this is standard practise from all pharmacies*)

Students name _____ Tutor group _____

Address _____

Emergency contact number _____ Relationship to child _____

GP surgery name _____

Condition or Illness _____ Expected End date of medication _____

Register of Medication Obtained

Date	Name of person who brought in the medication	Name of Medication	Amount supplied	Expiry Date	Dosage Regime	Received by

This information is, to the best of my knowledge, accurate at the time of writing. I give consent to the school that medication may be administered to my child. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that the telephone numbers I have provided to the school are up to date. I also understand that the medical information contained in this form may be disseminated to other staff across the school as appropriate.

Signature of parent/guardian: _____ Date: _____

Please note that all trained first aiders are not allowed to administer medication but merely oversee that the medication has been taken

This form must be handed straight to first aid along with the medication for safe storage

Record of medication administered

[illegible]