St Andrew's CE Primary School Soham

Administration of Medication within school.

The school will only administer medicines when it would be detrimental to a child's health or school attendance not to do so. You MUST complete and sign this form before any member of staff is able to administer medicine to your child.

Child's Name: _____

Class: _____

Name and strength of medicine: _____

How much to give(ie dose) _____

Daily Dosage Instructions _____

(from pharmacy Label)

Course Completion Date _____

Any Other Instructions _____

NOTE: "Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage". *Supporting pupils at school with medical conditions. DfE April 2014*

Daytime Phone No (parent or other adult contact) _____

GP Name and contact No _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to St Andrew's CE Primary school Soham staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signature _____

Print Name _____

Date form completed _____