**MEDICATION YOU REQUIRE TO BE ADMINISTERED TO YOUR CHILD BY STAFF AT ST. MARY’S PRIMARY SCHOOL.**

Staff will only administer medicines that have been prescribed to the child named below.

All medication must be clearly labelled with the child’s name.

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| **Child’s Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Parent’s Telephone Number:** |  |
| **GP Name:** |  |
| **GP Telephone** |  |
| **Details of any allergies or other special instructions:****(Please take into account any cultural, religious or communication needs)** |  |

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| --- | --- | --- | --- |
| **Name of Medication** | **Dose** | **Times to be Given** | **Medication Expiry Date** |
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All medicines must be collected at the end of the school day unless required for chronic conditions, eg, asthma.

All medicines not collected at the end of the administering period will be disposed of.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

person with parental responsibility

Please inform school immediately should there be any amendments to the following:

* medication or dosage,
* address or telephone number,
* ****doctor or doctor’s telephone number.

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| **Date** | **Time** | **Dose** | **Signature of Administering Staff Member** | **Adverse Reactions** |
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