

**ST PATRICKS RC PRIMARY SCHOOL
LINGFIELD ROAD FAIRFIELD**

MEDICATION PLAN

Could you please complete the form and return it to school as soon as possible.

DETAILS OF PUPIL
Surname:
Forename(s):
Address:
Date of Birth:
Gender: M F
Class:
MEDICATION
Condition:
Name/Type of Medication:(as described on container)
For how long will your child take this medication:
Date dispensed:
Full directions for use:
Dosage and method:
Timing:
Special Procedure-Role of the School:
Side Effects:
Self Administration:
Procedures to take in Emergency:
Details of Medication taken at home:
CONFIRM CONTACT DETAILS
Name:
Daytime Telephone No:
Relationship to Pupil:
Address:
Signature:
Date: