**Prescribed Medication Form and Parent/carer agreement to administer medicines in the school setting**

**Note: The ‘Care Plan Contextual Information’ must be completed first. One form is required for each medication.**

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| **Name of child** |  |
| **Date of birth** |  |
| **Class** |  |
| **Medical condition or illness***Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.* |  |
| **Name/type of medicine*****(as described on the container)*** |  |
| **Expiry date** |  |
| **Dosage, method, frequency and timing** |  |
| **Total amount given to school** |  |
| **Special precautions or other instructions** |  |
| **Are there any side effects that the school needs to know about?** |  |
| **Self-administration – yes or no?** |  |
| **Procedures to take in an emergency** |  |
| **Emergency contact name** |  |
| **Daytime telephone number** |  |
| **Relationship to child** |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the above medicine(s) 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 medicine, or if the medicine is stopped.

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| --- | --- |
| Name:  | Relationship to pupil:  |
| Signature:  | Date:  |

**Record of medicines administered**

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| --- | --- | --- | --- |
| **Child’s name:** |  | **Date of birth:** |  |
| **Medicine:** |  | **Dose:** |  | **Time of day:** |  | **Method:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time given** | **Stock prior to administration** | **Dose given** | **Administered by****(Signature)** | **Checked by****(Signature)** | **Stock after administration** |
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