

Woodchester Endowed Church of England (Aided) Primary School
'Love, Learn and Flourish Together'

Administration of Medication Permission and Record

Date for review to be initiated by	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I understand that I must supply the school with the prescribed medicine in the original container dispensed and properly labelled by pharmacist and will provide no more than a 5-day supply of medication. I understand that this medication will be destroyed if it is not picked up on the day this order terminates and 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.

Signature(s) _____

Date _____

Indeed, the body does not consist of one member but of many' (1 Corinthians 12; 14-16)

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Appendix 1 continued...

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Administration of Medication Permission and Record
Record of medicine administered to an individual child (short-term)

Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Please continue overleaf.

Indeed, the body does not consist of one member but of many' (1 Corinthians 12; 14-16)

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C: Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of staff			
Staff initials			

