

MEDICINE ADMINISTRATION FORM

This form gives parental agreement for Martlesham Primary Academy to administer medicine. We will not give your child medicine unless you complete and sign this form.

The school has a policy that the staff can administer medicine.

Medicines must be in the original container as dispensed by the pharmacy.

Child's Name:	
Date of Birth:	
Class:	
Medical Condition or Illness:	
Name / Type of Medicine: (as described on the container)	
Expiry Date:	
Dosage and Method:	
Timing:	
Special Precautions / Other Instructions:	
Are there any side effects the school needs to be aware of:	
Self-Administration:	YES / NO
Procedures to take in an emergency:	

Name:	
Telephone Number:	
Relationship to Child:	
Address:	

I understand that I must deliver the medicine personally to the Office.

The above information is accurate at the time of writing and I give consent to school 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 medicine is stopped.

Name:	
Signature:	
Date:	

Office Use Only:

Date:		
Time Given:		
Dose Given:		
Staff Name:		
Staff Initials:		

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