

Administration of Pupil Medication

Name of Pupil: _____

The school will not give your child medicine unless you complete and sign this form.

Once the form is signed the Centre Manager will be satisfied that the school is able to support your child in the administration of his / her medication when necessary.

TYPES OF MEDICATION COVERED

- Painkillers (Paracetamol, Ibuprofen)
- Prescribed Medication for short periods of illness/infection (Antibiotic's)

I understand that if I would like the school to administer my son / daughter's medication I must deliver the medicine personally to school and accept that this is a service which the school is not obliged to undertake.

Date: _____

Signature(s): _____

Relationship to pupil: _____

Confirmation of the Centre Manager's agreement to administer medication

I agree that the school will administer medication as supplied by the parent/ carer of

_____ in accordance with the instructions detailed on this form.

Date: _____

Signed: (Centre Manager) _____

Record of medication administered in school

Example form for schools to record details of medication given to pupils

Date	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff	Print Name