



## MEDICAL INFORMATION

Name of Pupil: \_\_\_\_\_ Class: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_

Parent/Carer emergency contact number: \_\_\_\_\_

### MEDICATION

Name/Type of Medication (as described on the container)  
\_\_\_\_\_

Date dispensed: \_\_\_\_\_

For how long will your child take this medication? \_\_\_\_\_

#### Full directions for use:

Dosage and method: (i.e. 5ml to be swallowed)  
\_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions:  
\_\_\_\_\_

Side Effects:  
\_\_\_\_\_

(\* delete as appropriate)

Medication in original container : \*YES/\*NO (if not in original container we cannot accept medication)

Medication was : \*Sealed / \*Seal broken

#### Procedures to take in an emergency:

Describe what constitutes an emergency for the pupil; give details of pupil's individual symptoms and the action to take if this occurs:

\_\_\_\_\_

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Follow up care:

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I understand that if I would like the school to administer my child's medication I must deliver the medicine personally along with any equipment needed to administer the medication (i.e. medicine spoon etc.) to school office and collect unused medication for safe disposal.

**Member of Staff:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Expiry date of Authorisation form:** \_\_\_\_\_