MEDICAL INFORMATION

Name of Pupil: _____ **Class:**_____

Pupil date of Birth:_____

Condition or illness: _____

Parent/Carer Name: _____

Relationship to pupil: _____

Parent/Carer signature:_____

Date :_____

Parent/Carer emergency contact number: _____

MEDICATION – Please note that non-prescription medications will only be administered to your child for a maximum of 2 days without parents/carers providing medical authorisation to continue to administer.

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

Date dispensed: _____

For how long will your child take this medication? _____
MAX 2 days for non-prescription medication

Expiry date on medication:_____

Full directions for use:

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

Timing: _____

Special Precautions:
_____

Side Effects - Has your child ever had any adverse reactions to this medication in the past?

*YES/*NO

If yes please describe what happened:

(* delete as appropriate)

Medication in original container : *YES/*NO **(if not in original container with dosage instructions we cannot accept or administer the medication)**

Medication was : *Sealed / *Seal broken

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.

Parent/Carer signature: _____

Date: _____

Member of Staff:_____

Signed:_____

Date: _____

Expiry date of Authorisation form:_____
MAX 2 days for non-prescription medication

Staff ONLY to complete

Date	Time	Name of Medication	Dose Given	Any Reactions	Parents notified of administeration of medication	Staff member administering

Staff ONLY to complete

Date	Time	Name of Medication	Dose Given	Any Reactions	Parents notified of administeration of medication	Staff member administering