



Administration of Medicine in School

This form must be completed if your child needs to take 'one off' medication in school, this includes tablets, antibiotics, eye/ear drops etc

Child's Name	
Class:	
Doctor's Name:	
Medical Condition	
Medicine to be administered:	
Time when medication is to be administered:	
Dose for each occasion:	
Date when administration is to cease:	
Any special needs provision needed at school:	
Any danger signs and action to be taken:	
Other medicine to be taken at home – if relevant:	

I understand that the school staff will make every effort to do all that is reasonable to ensure that the medicine is administered as specified. I understand that my child's doctor may be approached to give specific medical directions to the school and that the advice of the school medical service may be sort.

Parent Name:	
Parent Signature:	
Date:	