

Appendix 7 – Medicines permission form

In line with our 'Supporting Pupils at School with Medical Conditions' Policy, medicines will not be administered to pupils unless this form has been completed and signed by a parent/carer.

Pupil's name	
Date	
Class/Year	
Name and strength of medicine	
Reason for use	
Expiry date	
How much to give (i.e. dose to be given)?	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer	
Name of GP, GP practice name and phone number	
Agreed review date to be initiated by	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.

Parent/carer signature:

Print name:

Date:

Member of staff's signature:

Print name:

Date:

Appendix 8 – Medication Records

Record of medicines administered to an individual child

Name of pupil	
Date medicine provided by parent/carer	
Class/Year	
Name and strength of medicine	
Dose and frequency of medicine	
Quantity received	
Quantity returned	
Expiry date	

Staff signature: Name:

Parent Signature: Name:

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff administering			
Staff sign			
Counter sign			

Collection of medicine: parent sign			
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Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff administering			
Staff sign			
Counter sign			
Collection of medicine: parent sign			