



## Medication permission and record form

This form will only be accepted if received and signed by the parent/carer (not the child)  
Please fill in a separate form for each of your child's medical or dietary needs

### Pupil's Medical Information

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

What is the medication for (e.g. nut allergy, eczema, asthma etc): \_\_\_\_\_

Has this been diagnosed by a doctor? Yes / No

Signs & symptoms (e.g. rash, swollen tongue etc): \_\_\_\_\_

Name of medication \_\_\_\_\_

Quantity received by school: \_\_\_\_\_ Date Received: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Medication to be stored in fridge: Yes / No

Dosage: \_\_\_\_\_ When should this be given: \_\_\_\_\_

How long should this medication be given e.g. one day, one month etc? \_\_\_\_\_

Does the medication have any side effects? \_\_\_\_\_

Parent signature: \_\_\_\_\_ Print name \_\_\_\_\_

Date: \_\_\_\_\_ Please note that we can only accept medication from the parent/carer.  
Medication must have the child's name on the prescription.

Date and quantity of medicine returned to parent at end of dosage period

Staff signature \_\_\_\_\_ Parent signature \_\_\_\_\_

Print name \_\_\_\_\_ Print name \_\_\_\_\_

If administering a final dose of medication please return inform the school office.  
Thank you



## Record of Medicines given to a child in school

<u>Date</u>	_____	<u>Date</u>	_____
<u>Time given</u>	_____	<u>Time given</u>	_____
<u>Dose given</u>	_____	<u>Dose given</u>	_____
<u>Staff name</u>	_____	<u>Staff name</u>	_____
<u>Staff signature</u>	_____	<u>Staff signature</u>	_____
<u>Date</u>	_____	<u>Date</u>	_____
<u>Time given</u>	_____	<u>Time given</u>	_____
<u>Dose given</u>	_____	<u>Dose given</u>	_____
<u>Staff name</u>	_____	<u>Staff name</u>	_____
<u>Staff signature</u>	_____	<u>Staff signature</u>	_____
<u>Date</u>	_____	<u>Date</u>	_____
<u>Time given</u>	_____	<u>Time given</u>	_____
<u>Dose given</u>	_____	<u>Dose given</u>	_____
<u>Staff name</u>	_____	<u>Staff name</u>	_____
<u>Staff signature</u>	_____	<u>Staff signature</u>	_____
<u>Date</u>	_____	<u>Date</u>	_____
<u>Time given</u>	_____	<u>Time given</u>	_____
<u>Dose given</u>	_____	<u>Dose given</u>	_____
<u>Staff name</u>	_____	<u>Staff name</u>	_____
<u>Staff signature</u>	_____	<u>Staff signature</u>	_____