Appendix 1

The Keys Federation Academy Trust

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School

Medication permission and record for individual pupils

Pupil's Information:

Name of pupil:_______________________

Class:______________________________

Any other relevant information:

____

____

____

____

Date medication provided by parent:

____

Name of medication:

____

**Note - Medicines must be in the original container as dispensed by the pharmacy and bear your child's name on the label.*

Dose and method (how much and when taken)

____

Are there any side effects that the school needs to know about?

____

When is it taken (time of day)

____

Quantity received from parents:

____

Expiry Date: _________________________

Date and quantity of medication returned to parent

____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that the school is not responsible should the medicine not be administered for any reason.

Parent Signature _______________________

Print name ____________________________

Parent contact number:

____

Staff Signature________________________

Print name ____________________________

Date: ______ ______ ______

Time given: ______ ______ ______

Dose given: ______ ______ ______

Member of staff: ______ ______ ______

Staff initials: ______ ______ ______

Date: ______ ______ ______

Time given: ______ ______ ______

Dose given: ______ ______ ______

Member of staff: ______ ______ ______

Staff initials: ______ ______ ______

Date: ______ ______ ______

Time given: ______ ______ ______

Dose given: ______ ______ ______

Member of staff: ______ ______ ______

Staff initials: ______ ______ ______

Date: ______ ______ ______

Time given: ______ ______ ______

Dose given: ______ ______ ______

Member of staff: ______ ______ ______

Staff initials: ______ ______ ______

Date: ______ ______ ______

Time given: ______ ______ ______

Dose given: ______ ______ ______

Member of staff: ______ ______ ______

Staff initials: ______ ______ ______

The Keys Federation Academy Trust

Appendix 2

Record of medicines administered in school to all children

Date	Child's Name	Time	Name of medicine	Dose given	Any reactions?	Signature of staff	Print Name

……………………………………………………………………. School

Record of medicines administered in school to all children