

Our Lady Immaculate Catholic Primary School

The school will not give your child medicine unless you complete and sign this form and a first aider has agreed that the school staff can administer the medication, which will be locked away in the medicine cabinet.

DETAILS OF PUPIL

Name _____ D.O.B. _____

Address _____

_____ Class _____

Condition or Illness _____

MEDICATION

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

Full Directions of use

Dosage and Method _____

Time(s) to be given _____

Special Precautions _____ Side Effects _____

Procedures to take in an Emergency (If Applicable) _____

CONTACT DETAILS (Parent/Carer)

Name _____ First Daytime phone No _____

Relationship to Child _____

Address _____

I understand that I must deliver the medicine personally to (agreed members of staff) and accept that this is a service that the school is not obliged to undertake.

Date _____ Signature _____