

Administration of Medication at Cotsford Primary School

Cotsford Primary School will not give your child medicine unless you complete and sign this form. Nb If this treatment can be taken at home then the treatment does not need to be brought into school.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
First date medicine is to be given	
Projected last date medicine is to be given (if known)	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver / collect the medicine personally to	The school office

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

Signature:.....Date:.....

Signature of member of staff:.....

Medicine returned to parent / guardian or destroyed:...../...../.....