

## APPENDIX 1 – MEDICINE ADMINISTERING FORM

### Medicine Administering Form

Medication will not be held without this completed form  
The Headteacher reserves the right to remove this service

<b>School:</b>			
<b>Name of child:</b>		<b>Tutor group:</b>	
<b>Medical condition or illness:</b>			

#### Medicine

<b>Name/type of medication:</b> <i>(As described on container)</i>	
<b>Expiry date:</b> <i>(Of prescription)</i>	
<b>Dosage and method of administration:</b>	
<b>Timing:</b>	
<b>Special precautions/other instructions:</b>	
<b>Are there any side effects the school needs to be aware of?:</b>	

**Note:** Medication must be presented in the original container as dispensed by pharmacy or a photocopy must be taken of the prescription label and guidance (and kept with this form).

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The above information is, to the best of my knowledge, accurate at the time of writing.

I give consent for my child to take their medication in accordance with any medical guidance provided.

I will complete a new Medical Administration Form if there is any change in dosage or frequency of the medication and inform the school if the medication is stopped.

I recognise that The Priory Federation of Academies Trust is not legally bound to provide this service, and it may be withdrawn at any time.

I will ensure I can be contacted during Academy hours.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_