

## Medicine Administering Form

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

<b>Name of school:</b>		<b>Name of child:</b>	
<b>Date of birth:</b>		<b>Tutor group/Class:</b>	
<b>Medical condition or illness:</b>			
<b>Medication taken at home:</b>			
<b>Allergies (if applicable):</b>			
<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 setting needs to be aware of?:</b>			

**Please ensure you sign on the other side**

**Note:** Prescription medication must have a recent pharmacy label showing the pupil name, the name of the medication, route of administration, dose and frequency, along with the expiry date of the medication. Over the counter (OTC) and general sale list (GSL) medication need to be in their original packaging, with the manufacturer's guidance on dose, frequency, length of course and expiry date also visible. OTC and GSL medication will need parents/carers to label clearly with the pupil name.

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 am aware that a new prescription will be required if there is a change to dose.  
I recognise that The Priory Federation of Academies Trust is not legally bound to provide this service, and it may be withdrawn at any time.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.

<b>Signed:</b>	
<b>Print name:</b>	
<b>Date:</b>	