

Bredon Hill Academy Medicine Administering Form

Name of Child

Date Of Birth Tutor Group

Medical Condition or Illness

Medicine

Name / Type of Medicine
(as described on the container)

Expiry Date

Dosage and Method.....

Timing.....

Special Precautions

.....

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

.....

Self administration ? Y / N

Procedures to take in an emergency

.....

.....

N.B. Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name Relationship to Child

Telephone No. H: W:..... M:.....

Address :.....

.....

I understand that I must deliver the medicine personally to Mrs Norman, School Secretary.

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

Signature Date