

# Medicine in School



Child's Name: \_\_\_\_\_

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

Medication name: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Prescribed by the GP:      Yes       No

Storage: \_\_\_\_\_

What time(s) during the school day: \_\_\_\_\_

Any other instructions for administering the medication:  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature: \_\_\_\_\_

Main contact if staff have any questions regarding administering the medication:

Name: \_\_\_\_\_

Tel no: \_\_\_\_\_

*This form will be returned with the medication at the end of every school day.*

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## School only:

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Administered by: \_\_\_\_\_

Administered by: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Administered by: \_\_\_\_\_

Administered by: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Administered by: \_\_\_\_\_

Administered by: \_\_\_\_\_