**St Alban’s Catholic Primary School Medication form**

* The school is unable to administer medication unless this form is completed in full and signed by an adult with parental responsibility for the child.
* All medication must be given by an adult to the school office and cannot be brought in by a child or handed to the class teacher.
* All medication must be in date and stored in its original container.
* All medication must be labelled clearly with the child’s name.
* In the case of prescription medication, the medication must be labelled with the child’s name on the original pharmacy label.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Class |  | | | |
| Reason for medication |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Expiry date |  |  |  |  |
| Dosage and method |  | | | |
| Timing |  | | | |
| Special precautions/other instructions |  | | | |
| Are there any side effects that the school/setting needs to know about? |  | | | |
| Procedures to take in an emergency |  | | | |
| **Contact Details** | | | | |
| Name of adult |  | | | |
| contact telephone no. |  | | | |
| Relationship to child |  | | | |

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

Parent/carer signature \_\_ Date

Staff member signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_