

## Administration of Medication during sessions – SHORT TERM



**Note: Medicines must be the original container as dispensed by the pharmacy.**

**Inhalers will only be accepted with spacers and boxed with the prescription label intact.**

<b>Name of Pupil</b>		<b>Age</b>	<b>Date of Birth</b>
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<b>Name of Medicine</b>	<b>Dosage to give</b>
<b>When to be given</b>	Any special precautions / triggers/ side effects / other instructions that the school needs to know about
What date does the medication start (please specify date as - DD/MM/YY)	When date does the medication need to stop (please specify date as - DD/MM/YY)
<b>Self Administration</b>	<b>YES/NO (delete as appropriate)</b>
Medical condition/Illness	Procedures to take in an Emergency

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to an adult administering medicine in accordance with the instructions above. I will inform the tutor immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I accept that this is a voluntary service provided by the tutor at their discretion.

<b>Name</b>	<b>Date</b>
<b>Signature</b>	<b>Relationship to child</b>
<b>Daytime Tel Number</b>	

