ADMINISTERING MEDICINES

In order for the school to administer medicines it is essential that the following information is provided:

Name of Child: ____

Class ______________

Is the medicine prescribed by the doctor? YES/NO

Name of Medicine to be administered ______________________________________

Expiry Date of Medicine ____

Purpose of Medicine ____

Amount to be Administered ____

At which times ____

Any Known Side Effects of the Medicine?

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I, ______________________________authorise the approved first aiders in school to administer the above medicine.

Signed ____Date ____________________

Parent/Carer

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For School Use Only

Person Designated to Administer ____

Permission Given: YES/NO

Headteacher. Deputy ____________________________________Date ___________