



Brighstone C.E Aided Primary School

Headteacher – Mrs R. Lennon

New Road – Brighstone – Isle of Wight – PO30 4BB – Telephone (01983) 740285

www.brighstoneprimary.org.uk

Charity Number: 30738 E-mail: office@brighstoneprimary.org.uk

Administration of Medicine Form

The school will not give your child medicine unless you complete and sign this form. The school has a policy that staff can administer medicine.

Date	
Name of school	Brighstone C.E. (Aided) Primary
Name of child	
Date of birth	
Year Group	
Medical condition or illness	

Medicine

Name of and type of medicine <i>(ie tablets, medicine)</i>	
Expiry date	
Dosage and method <i>(ie 5ml, one tablet)</i>	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration	YES NO
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Parent/Guardian Contact Details

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver and collect the medicine personally to and from	The School Office

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

Signature(s) _____

Date _____

Date

Time given

Dose given

Name of member of staff

Date

Time given

Dose given

Name of member of staff

Date

Time given

Dose given

Name of member of staff

Date

Time given

Dose given

Name of member of staff

Date

Time given

Dose given

Name of member of staff

Date

Time given

Dose given

Name of member of staff

DO NOT THROW THIS FORM AWAY, PLEASE FILE IN MEDICATION FOLDER.