

## ADMINISTRATION OF MEDICINE IN SCHOOL

|   |  |                       |  |
|---|--|-----------------------|--|
| <b>Pupil Name:</b>  |  | <b>Class:</b>         |  |
| <b>Address:</b>   |  | <b>Date of Birth:</b> |  |
|   |  |                       |  |
|   |  |                       |  |
| <b>Pupil Medical Condition/Illness:</b>                       |  |                       |  |
| <b>Signs/Symptoms of Condition:</b>                           |  |                       |  |
| <b>Triggers (things that could make the condition worse):</b> |  |                       |  |

| <b>Medication(s):</b>   | <b>Medication No-1</b>  | <b>Medication No-2</b>  |
|---|---|---|
| <b>Name/Type (as described on container):</b>   |   |   |
| <b>Dose and Method of Administration: i.e. tablets, inhaler etc</b>                   |   |   |
| <b>When it is taken (time of day)?</b>  |   |   |
| <b>Are there any Side Effects that could affect this pupil at School?</b>             |   |   |
| <b>Are there any contradictions (signs when this medication should not be given)?</b> |   |   |
| <b>Self-administration: Can the pupil administer the medication themselves?</b>       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes, with supervision | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes, with supervision |

Parents must ensure that medication is supplied "in date" and properly labelled.  
 Parents must ensure they inform the School regarding changes to medical condition or medication.

**Signature:** ..... **Print Name:** .....

**Relationship to Pupil:** ..... **Date:** .....