



**KELVINSIDE
ACADEMY** 1878

ADMINISTRATION OF MEDICINE IN SCHOOL

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

The first dose of an antibiotic must be given at home.

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