



# Wood End Primary School

## Medication Administration Form

**Wood End Primary School will not give your child medicine unless you complete and sign this form. Please supply the correct spoon for the medicine (if required). Please ensure that the medicine is labelled clearly with your child's name: pharmacy labels must be present if it is a prescribed medicine.**

Name of Child:

Date of Birth:

Class:

Condition for which medicine is required:

Name/Type of Medicine (as described on the container):

Date dispensed (prescription medicines only):

Expiry date:

Agreed review date for regular medication:

Dosage:

Administration time(s):

How long will this medicine need to be taken for?:

Special Precautions:

Are there any side effects that the school/setting needs to know about?

Self-Administration: Yes/No (delete as appropriate)

Signed by Parent:

Date: