



SPECIAL SCHOOL MEDICATION FORM

MEDICATION CONSENT FORM (One form for each medication)	
Class:	Name:
Date of Birth	
Name of Medication	
Dose	
Time to be given	
Any other instructions	
Name of person with parental responsibility	
Signature:	Contact Numbers Home: Work: Mobile:
Date:	

Please notify the school of any changes in your child's medicines.

If your child has been given rescue medicine or pain relief before coming to school, please notify a member of school staff.

Please ensure that any medicine prescribed is in the original packaging with details of your child's name, date of birth, the name of the medicine, the strength, dose and time to be given.

School staff will only give medicine if it would be detrimental to your child's health not to do so.



MEDICATION ADMINISTRATION RECORD FOR:

Name:			Medication:		
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