

Staff at Bracken Leas School will not administer any medication to your child unless you have completed and signed this form.

Pupil Details

Full Name: Gender:

Date of Birth: Class:

Address:

.....

Medication Details

Reason for medication:

Name of medication:

Duration of medication:

Date dispensed/ first day of medication:

PLEASE NOTE THAT WE WILL ONLY ADMINISTER PARACETOMOL/ IBUPROFEN FOR A MAXIMUM OF 5 DAYS UNLESS PROVIDED WITH A DOCTOR'S NOTE.

Directions for use/ dosage instructions

Dosage: Method (eg spoon/syringe)

Please note that we will not exceed the dose stated on the packaging/ patient information leaflet unless advised by a doctor's note.

Timing: Self-administration: YES / NO

Special precautions if any:

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Contact details

Name: Relationship to child:

Address:

.....

Contact telephone numbers:

I understand that medications must be delivered by a responsible person to an adult within the school.

I understand that all medications will be stored safely and securely in school.

I accept that this is a service which the school is not obliged to undertake.

Signed: Date:

