



Administration of Medicine During School Hours

For each medication to be given to a child by the school nurse this form **MUST** be completed and handed in to the school nurse beforehand.

CHILD'S NAME	
CLASS	
CONDITION UNDER TREATMENT	
ANY KNOWN ALLERGIES?	
TODAY'S DATE	

NAME OF MEDICATION	
EXPIRY DATE	
DOSAGE	
TIME(S) TO BE GIVEN	
DATES TO BE GIVEN	FROM TO
ANY SPECIAL STORAGE INFO? (EG FRIDGE)	
OTHER INFORMATION	
OK FOR TEACHER TO ADMINISTER IF NURSE NOT PRESENT?	
WOULD YOU LIKE THE MEDICATION TO BE RETURNED AT THE END OF THE DAY?	

NOTE: MEDICATION MUST BE LABELLED, IN ENGLISH, AND BE IN ITS ORIGINAL CONTAINER.

I hereby give consent to the school nurse to administer medication to my child as outlined above, in accordance with St Paul's British Primary School policy.

Name
 Signature
 Date