



Strachur Primary School

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medicine.

Details of Pupil

Surname..... Forename(s).....

Signature of Pupil.....

Address.....

Date of Birth..... M.... F.....

Condition of illness.....

Medication

Name/Type of Medication (as described on the container)

.....

.....

For how long will your child take this medication?

..... Date Dispensed.....

Full directions for use.....

.....

Dosage and method.....

Timing.....

Special Precautions.....

Side effects.....

26/02/2013 Administration of medicine

Self Administration.....

Procedures to take in an Emergency

.....
.....

*Parents must ensure that in date properly labelled medication is supplied

Contact Details

Name.....

Daytime Telephone no.

Relationship to Pupil

Address.....

.....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Signature(s) Date.....

Relationship to Pupil



Award 2011

