

Please list any regular or as required medications your child may need in school

SCHOOL MEDICATION SHEET

CHILD'S NAME: SCHOOL: D.O.B NHS no

It is the responsibility of the parent to ensure that:

1. The correct instructions are given on this sheet.
2. Prescription medicine must have a correct pharmacy label.
3. A supply of medication should be sent in at the beginning of each term.
4. Write only medication to be given during school hours.
5. Please print clearly.

	Name of Medication	Strength	Dosage	Method of Administration	Form, eg, tablet/ liquid	Time to be given
a						
b						
c						
d						
e						
f						
g						

6. How is medication given, eg Spoon/syringe/gastrostomy:.....

7. This medication was prescribed by GP: CONSULTANT:.....

8. Any known allergies/sensitivities to medication?.....

Parents Signature: Date:

PLEASE NOTE A NEW PINK FORM WILL BE REQUIRED FOR EVERY NEW MEDICINE PRESCRIBED OR CHANGE IN DOSE
FAILURE TO COMPLETE A NEW FORM MAY RESULT IN THE NURSE BEING UNABLE TO ADMINISTER