



## MEDICATION ADMINISTRATION FORM

The school's Administering Medication Policy states that staff may administer medicine with the consent of a parent or carer. The school can administer prescription or over the counter medications.

The school **WILL NOT** give your child any medications unless you complete and sign this form. If more than one medication is to be given a **separate form must be completed for each one**. This form can be found on our website [www.glebe.bromley.sch.uk](http://www.glebe.bromley.sch.uk) under *Parent Information > Forms*, or please contact the school office.

### PLEASE NOTE:

- The school will only administer medicines that have been taken previously
- A first dose of a new medicine **WILL NOT BE GIVEN** at school
- Medicines **MUST** be in their original container

Student NAME:		DATE OF BIRTH:	
MEDICAL CONDITION OR ILLNESS:			
MEDICATION NAME:			
MEDICATION TYPE (tablet, liquid etc):			
DATE MEDICATION WAS DISPENSED:			
GP NAME:		GP PHONE NUMBER:	

### ANY OTHER INSTRUCTIONS:


### PROCEDURES TO FOLLOWING IN AN EMERGENCY:


IF LONG TERM MEDICATION, AGREED REVIEW DATE TO BE INITIATED BY SCHOOL MEDICAL OFFICER ANNUALLY IN SEPTEMBER

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to school staff administering medicine to my child in accordance with the school policy. **I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.**

Parent / Carer NAME:		MOBILE NUMBER:	
Parent / Carer SIGNATURE:		DATE:	