



ABBHEY CATHOLIC PRIMARY SCHOOL
PRESCRIBED MEDICINE FORM

Staff receiving the medication must check that it is prescribed, correct name on medication & that dosage is clear ___ (please tick to confirm)

(IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM MUST BE COMPLETED FOR EACH)

DATE(S) MEDICATION TO BE ADMINISTERED : _____
(if more than one day please specify all dates)

CHILD'S NAME _____ DOB: _____ CLASS _____

MEDICAL CONDITION/ILLNESS: _____

NAME OF MEDICINE _____

DATE DISPENSED : _____ EXPIRY DATE: _____

NUMBER OF TABLETS/QUANTITY GIVEN TO SCHOOL (ie 1 bottle) _____

NB: Medication must be in the original container, as dispensed by the Pharmacy, with clear instructions on how much to give.

MEDICINE TO BE STORED WHERE (ie Fridge/room temp) _____

HOW MUCH TO ADMINISTER (i.e. dose to be given to child) _____

WHEN TO BE ADMINISTERED/OR SELF ADMINISTRATION (if states give on empty stomach - stomach needs to be empty for an hour before or after medication) _____

ANY KNOWN ALLERGIES _____

ANY OTHER INSTRUCTIONS _____

NAME OF G.P. _____ TEL NO: _____

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

PARENT'S SIGNATURE _____ PRINT NAME _____

PARENT CONTACT TEL NO _____

FOR OFFICE USE ONLY

| Time, Date & Dose of Medicine Given | Given by (PRINT name) | Time, Date & Dose of Medicine Given | Given by (PRINT name) |
|-------------------------------------|-----------------------|-------------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

RECORD FOR RECEIPT AND RETURN OF MEDICATION

| Date received In school | Name of Person who received it | Date Returned to Parent/Carer | Signature of Person who collects it. |
|----------------------------|-----------------------------------|----------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |