



Abbey Catholic Primary School

Prescribed Medicine Form

Staff receiving medication check: Original container, dispensing label – correct name, date and dosage stated?	
Copy given to class teacher	

Name	
DOB	
CLASS	

Medical Condition/illness	
Name of Medication	
Date Dispensed	
Expiry Date	
Amount given to school (ie one bottle/number of tablets)	
Dose to be administered	
Time to be administered	
Additional instructions (if applicable)	

Any known allergies	
GP Name and Number	

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 medication or if the medication is stopped.

Parent Name _____ Signature _____

[illegible]