



The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	Annual review or at request of parent/carer
Name of School/Setting	Heatherwood School
Name of child	
Date of Birth	
Class	
Medical condition or illness	
Allergies	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration - y/n	
Procedures to take in an emergency	
For enteral medications-volume of water flushes pre and post medication	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Contact Details - Please refer to pupil record card/Sims	
I understand that I must record in the Home/School Diary or contact school to inform of medication sent into school	Signature Parent/Carer

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

Signed: _____ Name: _____ Date: _____
School Representative

Signed: _____ Date: _____
Parent/Carer

TO BE FILED CENTRALLY IN HEATHERWOOD SCHOOL ADMIN OFFICE

TO BE UPDATED EACH ACADEMIC YEAR OR WHEN CHANGES ARE NECESSARY