



KIRTON LINDSEY PRIMARY SCHOOL MEDICATION IN SCHOOL



The school will not be able to give your child medication unless it is in a single measured dose and the Headteacher has agreed that the child can administer the medication themselves under the supervision of a member of school staff. If it is essential that the doses be given at a specific time then the parent must give it, otherwise the child should be kept at home.

DETAILS OF PUPIL

Surname: _____ Forename: _____

Address: _____ Male/Female _____

Date of Birth: _____

Class: _____
Condition or Illness: _____

MEDICATION

Name/Type of medication (as described on container)

How long will your child need to take this medication

Is it prescribed or over the counter medicine: _____
If prescribed, date dispensed: _____

FULL DIRECTIONS FOR USE

Dosage and method: _____
(must be a single measured dose, the school cannot accept full bottles)
Timing: _____
Special Precautions: _____
Side Effects: _____
Procedures to take in an emergency:

CONTACT DETAILS

Name: _____ Daytime Number: _____
Relationship to pupil: _____
Address: _____

I understand that I, not my child must deliver the medicine to a member of school staff and accept that this is a service which the school is not obliged to undertake

Signed: _____ Parent/Guardian Date: _____