

WYKE REGIS CE JUNIOR SCHOOL

ADMINISTRATION OF MEDICATION/TREATMENT

NB All medication must be received by the school in the original container as purchased. Any dispensed medication must be for the child named on the chemist's label. In accordance with school procedures, medication in any other container and not dispensed for the child named below can not and will not be administered.

For completion by parents or guardians who wish the school to administer medication to their child on their behalf.

Child's full name	
Class	
The above named child has been diagnosed as having / is suffering from <i>(please give reason for medication)</i>	
Name of medicine	
Details of dosage and timing	
Any other instructions? <i>Including storage requirements or details for inhalers, etc.</i>	
Contact phone number of parent or guardian for emergency use	
Name of family Doctor	
Surgery Address	
Surgery Telephone Number	
Please give details below of any medication administered at home prior to arriving at school	
Medication	
Dosage	
Time of	
I give permission for the school to administer the specified dose(s) of the above named medicine to the child named on this document and will inform the school in writing if there is any change to the above information or if the medication is no longer required.	
Signature:	
Print name:	
Date:	
Checked by: <i>(for school use)</i>	