On-Going Administration of Medicine in School

Child's Name, Year Group and Class	
Reason for Medication	
Name of Medication and Strength	
Expiry Date	
How much to be given and when (include time)	
How long the medication is for?	
Any other Instructions	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	
Review Date	

It is agreed that this child will receive the above named medicine at the above named time. The member of staff responsible for the administration of this medicine is:

If that member of staff is absent or unable to administer the medicine, the office staff will undertake to do so.

Headteacher/SLT/Senior First Aider signature:

Date: