



Short-Term Medication Administration Form

St Thomas's C. E. Primary School will not administer the medication to your child unless you complete and sign this form.

Name of Child:	
Date of Birth:	Class:
Reason for Medication:	
Name of Medicine (as described on the container):	
Expiry date of medication:	Does this medicine need to be stored in a fridge?
Dosage Required (e.g. 5ml/10ml):	Medication dose will be given during the period 11am – 12:00 noon ONLY
Start Date for medicine to be administered:	Last date on which medicine is to be administered:
Are there any side effects/further information that the school needs to know about?	

* Antibiotics – only '4 times per day' antibiotics will be administered in school

* All prescribed medication must be in date, in the original container and have pharmacists label stating child's name and prescribed date

Non prescription medication should be in the original box, in date, dosage label and child's name attached

* By completing this form and handing medication into school, parents/carers accept that medication will be given on the dates and time stated above ONLY. It is the responsibility of the parent/carer to ensure that doses given outside of school are timed to be compatible with the dose given at school.

* If this form is not completed fully and accurately the school reserve the right not to administer the medication

NB: Children are not permitted to leave any medication in their school bags or administer it without an adult present. All medication must be handed in at the school office with this completed form. Medication must be collected from the school office by the parent/carer at the end of the day if needed at home. Medication will not be sent home with a child.

I give my written consent for any member of school staff to administer the medicine to my child. I understand that the staff member does so without accepting any liability or responsibility for any adverse reaction the child may have following the administration of the medication detailed above. I understand that this consent remains in full force from the 'start date' to 'last date' stated above unless I provide a written request for it to be stopped. I will collect antibiotics at the end of each school day to ensure the course is completed correctly. I will collect any unused medication upon completion of treatment. I will replace medication when the current supply reaches the expiration date, if required. I understand that any uncollected medication will be disposed of.

Parent/Carer Name _____

Date _____

Parent/Carer Signature _____