

Parent signature: _____ Date: _____

Relationship to child: _____

**ADMINISTRATION OF MEDICATION
GORSE COVERT PRIMARY SCHOOL**

Child's name			
Date of Birth			
Year group		Class teacher	
Medical Condition			
Name/type of medicine			
Duration of course			
Dosage amount and method			
Time to be given			
Designated member of staff			
Signed (member of staff)		Date	

To be completed by member(s) of staff administering the medication

Date	Time	Dose given	Any reactions	Signature of staff	Print name

Once the course of medication has been completed, a copy of this form should be given to the child's parents and a copy should be placed in the child's file in the school office.