

## Administration of Medication at Shevington Vale

### Details of Pupil

Surname

Forename(s)

Address

Male/Female

Class

Date of Birth

Condition/Illness

### Medication

Name/Type of medication (as described on container)

on the

Duration of course of medication

Date dispensed

### Full Directions for Use

Dosage/Amount (as described on the container)

Timing

Side Effects

Procedures to take in an emergency

### Contact Information

Name of Contact 1

Name of Contact 2

Relationship to pupil

Relationship to pupil

Telephone number(s)

Telephone number(s)

### GP Information

Name of GP

Telephone Number

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Allergies

I understand that I must deliver the medication personally to the school office and accept that this is a service which the school is not obliged to undertake. I understand that whilst every effort is made to ensure that my child receives their medication at the appropriate time it is my child's responsibility to come to the office and request their medication.

Signature: \_\_\_\_\_ Parent/Carer                      Date: \_\_\_\_\_