



Administration of Prescribed Medicines in School

Prescribed medicines will be accepted in School and stored in the Medical Centre or Bevendean School Office. The medicine must be in its original packaging stating the generic drug name, dose and pupils name. The original dispensing label must not be altered.

Date:

Child's Name:

Form:

Medication

NAME OF MEDICINE	
DOSE e.g. 250mgs	
FREQUENCY OF DOSAGE e.g. Three times a day	
TIME(S) OF DOSE(S) TO BE GIVEN IN SCHOOL	
DATE OF FINAL DOSE TO BE GIVEN / OR IS IT LONG TERM?	
CONDITION OR ILLNESS	
SPECIAL INSTRUCTIONS	

Indicate as applicable:

I will collect the medication from the Medical Centre at the end of the day

I have another supply at home

SIGNATURE OF PARENT/GUARDIAN

PRINT NAME

For staff use only

Date	Time when dose was given	Dose Given	Given by/Signed