

Great Barton C of E Primary Academy



Medication Administration Form

We will not be able to give your child medicine unless you complete and sign this form.

Name of Child:				
Date of Birth:				
Class:				
Medical condition/illness:				
Name and strength of Medicine				
Date dispensed:		Expiry Date:		
Dosage, method and timing(s):				
Special precautions/storage instructions				
Are there any side effects that the school need to be aware of?				
Signature of parent/carer		Date:		
Staff signature:		Date:		
OFFICE USE ONLY				
Date				
Time given				
Dose given				
Any reaction?				
Name of member of staff				
Staff initials				
Date				
Time given				
Dose given				
Any reaction?				
Name of member of staff				
Staff initials				
Date				
Time given				
Dose given				
Any reaction?				
Name of member of staff				
Staff initials				