Our Lady and St. Oswald's Catholic Primary School

Parental Permission & Record of Administration of Medicine

The school will not give your child medicine unless you complete and sign this form.

Child's Details

Name of child		
Date of birth		
Class & Year group	Class:	Year:
Medical Condition or illness		

Details of medicine, which must be in original container/packaging

What type of medicine is it?

POM		P		GSL	
Prescription Only Medicine	*This medicine can only be administered in school if the original prescription label is present.*	Pharmacy Medicine		General Sale List Medicine	

Name/strength/type of medicine *(as described on the container)*					
Expiry date					
Dosage and method					
Timing					
Quantity Received					
Special precautions/other instructions					
Are there any side effects that the school needs to know about?					
Can your child self-administer? – Y/N					
Procedures to take in an emergency					

Parent/carer contact details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to a member of the school staff.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature_____ Date _____

*Staff signature*_____

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Please confirm the medicine is clearly labelled with:

Name of Medicine? Yes/No
The child's name? Yes/No
Dosage? Yes/No

If POM medicine, is prescription visible? Yes/No
Is the medicine in its original container? Yes/No
Within date? Yes/No
If liquid medicine, is there a spoon or other measuring device included? Yes/No/ NA

Name of Medication (Capital Letters)	Date	Time	Dose	Administered by staff or child?	Signature

Please attach further record sheets if needed.