Brockington College
Administration of medicine form

Brockington College
A Church of England Academy
LEARNING TO LIVE LIFE TO THE FULL

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

Name of child	Age	Date of birth	Form group
My child has been diagnosed as having (condition)			
My child is considered fit to be in school but requires the following medication during school hours. **Signed** **Name (please print)**			
Full name of medication (as described on the container)		Expiry date of medication	
Dose required		Times of administration	
With effect from (start date)		Until (end date)	
The medicine should be taken by (eg mouth, nose, in the ear, other: please provide details as appropriate)			
Storage instructions			
Special precautions/other instructions (eg before/after food			
Procedure to take in an emergency			
Does your child suffer from any allergies?			
By signing this form, I confirm the following statements. • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. • That I will update the school with any change in medication routine use or dosage. • That I undertake to maintain an in-date supply of the medication and when the course is complete will collect any remaining medication when the course is complete. • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication. • That I understand the school will keep a record of the quantity of medicine given and will keep me informed that this has happened. • That I understand staff will be acting in the best interests of my child whilst administering medication.			
Name (please print)		**Relationship to child**	
Contact phone number			
Signature			
Staff member name (please print)			
Staff member signature		**Date**	