

**Strand Primary Academy Medicine Administering Form**

Date for review to be initiated by	
Name of Child	
Date of Birth	
Registration Group	
Medical condition / illness	

**Medicine**

Name/Type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the academy needs to know	
Self-administration?	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name	
Daytime Telephone No.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Front Office

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

Signature (Parent/Carer ) .....

Date .....

Signature (Academy) .....

Date .....