

# RECORD OF ADMINISTRATION OF MEDICATION

Medicines must be in the original container as dispensed by the Pharmacy

## DETAILS OF PUPIL

Child's Name and Date of Birth .....

Class/Year.....

Medical condition/illness.....

## MEDICATION

Name of Medication	Expiry Date	Duration of course	Dosage and method	When to be given	Any other instructions	Self Administer Yes or No	Member of staff/Date	Member of staff/Date

Side effects from medication.....

Procedures to be taken in an emergency.....

### Emergency contact details

Name.....

Telephone number.....

Name and phone number of GP.....

The above information is, to the best of my knowledge, accurate at the time of writing. 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.

Signed ..... Dated .....

