



Ad-hoc course of medication

The school will not give your child medicine unless you complete and sign this form, and Mrs Ironside has agreed that school staff can administer the medicine.

I am aware of the school policy regarding the administration of medication during school hours. My doctor has however informed me that it is essential that this medication is administered in school.

Therefore, I agree to a first aid trained member of staff at Riverbank school administering the medication I have supplied.

Details of Pupil

Name				
	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Address				
Date of Birth		Class		
Condition or illness				
Signature of Parent/Guardian				

Medication information

Name/type of medication			
For how long will your child take this medication			
Date Dispensed		Expiry Date	
Full directions for use			
Dosage and Method			
Timing			
Special Precautions/ Side Effects			

