

## Moorlands Primary School – Medication Form

### Consent

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Medicine \_\_\_\_\_

Dose (instructions) \_\_\_\_\_

Time to be given \_\_\_\_\_

Parent/Carer: SIGN \_\_\_\_\_

Parent/Carer: PRINT \_\_\_\_\_

### Record of Administration

Signature 1	Signature 2	Dose	Date	Time

## **Medicines should always.....**

- ***be given at home wherever possible***  
(medicine that is prescribed for 3 times a day, should be given at home)
- Come into school via the school office.  
NOT via the class teacher or with the child.
- be in the original container.
- include the pharmacy label, identifying it as prescribed for the child.
- have full instructions of timing and dose.
- be in date and useable.
- be accompanied by a consent form signed by the parent or carer.