



## Protocol for use of medication

### Pupil's details

Surname \_\_\_\_\_

Forename \_\_\_\_\_

DOB \_\_\_\_\_ Class: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Condition \_\_\_\_\_

Medication \_\_\_\_\_

Name of Medication \_\_\_\_\_

Date dispensed \_\_\_\_\_

When is this to be administered? \_\_\_\_\_

\_\_\_\_\_

Dosage and method \_\_\_\_\_

Special precautions \_\_\_\_\_

Side effects \_\_\_\_\_

### **Procedures to take in an emergency**

<u>Date</u>	<u>Time</u>	<u>Amount</u>	<u>Administered by:</u>

**Signed:**

**Parent**

**Date:**

\_\_\_\_\_

**PLEASE ENSURE YOU ATTACH ALL RELEVANT MEDICAL INFORMATION / DIRECTIONS FROM YOUR G.P. or CONSULTANT FOR ADMINISTERING ANY MEDICATION LISTED ABOVE. THANK YOU.**