



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.**