

Kenley Primary School Medication Administration Form

Kenley Primary School will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Class:	
Medical condition/illness:	
Medication:	
Name/type of medicine (as described on the container):	
Date dispensed:	Expiry date:
Self-Administration:	Yes/No
Dosage, method and time of dose:	
Special precautions:	
Time of last dose:	Date medicine will finish:
Parent/Carer Contact Details	
Name _____ Telephone No _____	
I understand that I must deliver and collect the medicine personally from the school office and accept this is a service which the school is not obliged to undertake.	
Date:	
Signature:	Relationship to pupil: