St. Mary's CofE Primary
'Learning for Life'

Pupil Medication Form (for administration of medicines during the school day)

Confidential

Pupil Details

Child's Name:			
Class:		Date of Birth:	
Address:	Postcode:		

GP Details

GP Name:		Tel:	
Address:	Postcode:		

Medication Details

Medical Condition:				
Name of Medication:				
Required Dosage(s):		Dosage Time(s):		
Storage requirements:				
Medication is…	Ongoing		Temporary	

[ ] My child will be responsible for the self-administration of medicine(s) as directed below.

[ ] I agree to members of staff administering medicine(s) / providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

Signed:		Print:	
Date:		Tel:	

In the event of a change in medication or dosage, a new medical form MUST be completed