

Child on regular medication

Name _____ Class _____

Reason for medication _____

Type of medication:

When and how to administer the medication:

Are there any circumstances when the above instructions should be varied? YES/NO

Please give details:

Can the child self administer their medication? YES/NO

In an emergency situation do you give permission for a staff member to administer your child's medication? YES/NO

Emergency contact numbers

Parent/Carer:

2nd contact:

Doctor:

Signed _____ Date _____