

Please complete all the white boxes on the first page of this form and return it to school via the school email [secretary@torpoint-inf.cornwall.sch.uk](mailto:secretary@torpoint-inf.cornwall.sch.uk)

At the current time receiving this from your email will act as your permission as we cannot take a signature.

**PUPIL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Pupil |  | | | |
| **Class** |  | **DOB** |  | |
| Address: |  | | | |
|  |  | | | |
| **PRESCRIPTION MEDICATION** | | | | |
| Condition or illness the medication is for | |  | | |
| Name/Type of Medication  (as described on the container): | |  | | |
| Date Dispensed |  | Use By Date | |  |
| Length of time your child requires the medicine | |  | | |
| Dosage and method | |  | | |
| Time of day medicine is required | |  | | |
| Special Precautions to be taken (if any): | |  | | |
| Possible Side Effects (if any): | |  | | |
| I have administered this medicine to my child previously with no side effects | |  | | |
| This is the original packaging | |  | | |
| **NON-PRESCRIBED MEDICATION** | | | | |
| This is the original packaging | |  | | |
| I have administered this medicine to my child previously with no side effects | |  | | |
| I have administered this medicine to my child previously with no side effects | |  | | |
| This medicine does not contain aspirin | |  | | |

I understand that I must deliver the medicine in a sealed clear bag with my child’s name clearly displayed and place it into the plastic box in the school reception.

|  |  |
| --- | --- |
| Name |  |
| Relationship to Pupil |  |
| Contact Number |  |
| Date |  |

This page is for school to complete

**Confirmation of First Aider to Administer Medication**

I agree that …………………………………………………………………… will receive the medicine as stated above. This arrangement will continue until instructed by Parents/Carers.

Signed: ………………………………………………………………………………………... Date: ……………………………………………………………

Child’s Name: ……………………………………………………………………………… Class: ……………………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| W/B: | Time | Time | Time | Administered By: | Witnessed By: |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| W/B: | Time | Time | Time | Administered By: | Witnessed By: |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |

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| W/B: | Time | Time | Time | Administered By: | Witnessed By: |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
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| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |

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| W/B: | Time | Time | Time | Administered By: | Witnessed By: |
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| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |