



Walmore Hill, Minsterworth, Gloucestershire. GL2 8LA

## ADMINISTRATION OF MEDICATION

Walmore Hill Primary School

Pupil Medical Record in the Study Support Setting

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Class/Tutor Group: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Quantity of medication given to the School: \_\_\_\_\_

How much to give (i.e. dose): \_\_\_\_\_

When to be given (Frequency & Time): \_\_\_\_\_

Start date and finish date: \_\_\_\_\_

Any other instructions: \_\_\_\_\_

Emergency contact phone no. of parent/carer: \_\_\_\_\_

Name of GP: \_\_\_\_\_ Telephone no. of GP: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer the medication in accordance with the School and LEA Guidance. I will inform the school in writing immediately if there is any change of dosage or frequency of medicine. I also give consent for appropriate medical attention to be sought as required in an emergency.

Parent/Carer's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Coordinator's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Data Protection Act 2018. The information being collected on this form will only be used for the purpose of school administration under Department of Education and Skills guidelines. The data will not be disclosed without your written consent to any external sources other than in an emergency, or to the Local Education