



Walmore Hill, Minsterworth, Gloucestershire. GL2 8LA
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ADMINISTRATION OF MEDICATION

Walmore Hill Primary School

Pupil Medical Record in the Study Support Setting

Data Protection Act. 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 Authority.

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): _____

Administration route: _____

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: _____

