DOLLAR ACADEMY

Medication Administration Form (requires signed parental consent)

If your child requires to be given medication during the school day, please fill out the form below and email to:
Prep@dollaracademy.org.uk or Junior@dollaracademy.org.uk

Name of pupil…… Class……
Name of staff administering medication (teacher/nurse) …….

I give permission for my child to be given the following medication by teaching/nursing staff.
Signed (parent/guardian) …… Date……

Parents must ensure that name labelled, in-date medication is supplied in its original packaging.

Name of medication ……
Prescribed dose ……
To be given at ……
Dates to be given ……
Additional information……

Table below to be completed by staff administering the medication
Staff giving medicine to a pupil should check the following before administration

- the pupil's name and DOB
- written instructions provided by parent
- prescribed dose
- dose frequency
- expiry date
- any additional or cautionary labels e.g., allergies, side-effects

DATE	TIME	DOSE	SIGNED

DATE	TIME	DOSE	SIGNED