



The school will not administer your child with medicine unless you complete and sign this form. The headteacher has to agreed that the school staff can administer the medication. I understand that I must deliver the medication personally to the office and accept that this is a service, which the school is not obliged to undertake. I will ensure that I collect the medication at the end of the school day.

Wrap Around Care Provision

If your child attends the Kilmore Wrap Around Care Provision and needs the have their medication. I understand that a designated member of the Wrap team will deliver the medication and that it is my responsibility to collect at the end of the service. I accept that this is a service which the school is not obliged to undertake.

Pupil details

Forename _____ Surname: _____

DOB: ____/____/____ Class: _____

Medication

Reason for medication: _____

Name / type of medication (as described on bottle: _____

How long will your child need to take this medication? _____

Date dispensed: ____/____/____

Full direction of use

If medication was given at home in the morning, please state time: _____am

Dosage: _____ Method: _____

Timing(s): _____

Special precautions: _____

Side effects? Yes / No.

If yes please state _____



Can they self-administer? Yes / No

Procedures to take in case of an emergency: _____

Parent/carer contact details:

Name: _____ Contact number: _____

Relationship to pupil: _____

Address: _____ Postcode: _____

Date: ____/____/____ Sign: _____

For office use only

Staff name: _____ sign: _____

Date: ____/____/____

Wrap staff

Staff name: _____ sign: _____

Date: ____/____/____