



Manor Road Primary School
Administration of Medication in School Policy - APPENDIX 1
Application for School to administer medication

DETAILS OF STUDENT:

Name:

Date of Birth:

Class:

Condition or illness:

MEDICATION:

Name/Type of Medication (*as described on the container*):

For how long will your child take this medication:

Date dispensed:

FULL DIRECTIONS FOR USE:

Dosage and amount (as per instructions on container):

Method:

Timing:

Special Precautions:

Side Effects:

Self Administration: Yes/No

Procedures to take in an Emergency:

I understand that I must deliver the medication personally to the office.

Signature:

Date:

Relationship to student: