



|   |  |
|---|--|
| <b>Name of child</b>  |  |
| <b>Name of doctor</b>   |  |
| <b>Name of medication</b>   |  |
| <b>Expiry date of medication</b>  |  |
| <b>Dosage</b>   |  |
| <b>Method of administration</b>   |  |
| <b>Time(s) at which medication is to be administered</b>  |  |
| <b>Circumstances in which medication is to be administered (If for emergency use)</b>   |  |
| <b>Any other action necessary</b>   |  |
| <p><b>I confirm that the medication, dosage and timings indicated above are correct and authorise the academy to administer them.</b></p> |  |
| <p><b>Parent signature:</b></p><br><br><br><br><p><b>Parent name:</b></p><br><br><br><br><p><b>Date:</b></p>                              |  |

[illegible]

Administration of Medicines Policy December 2014

*This record must be retained in the Administration of Medicines folder held in reception for the duration of the prescribed period*

*Destroy 1 month after last dose*