



Tattershall Holy Trinity CE Primary School

Curzon Estate, Tattershall, Lincolnshire LN4 4L

Executive Headteacher Mrs S Liley BSc(Hons). QTS, MaST, NPQH

Holy Trinity Primary School Medicine Administering Form

- Name of child
- Date of birth
- Class
- Medical condition or illness

Medicine

- Name/type of medicine (as described on the container)
- Expiry Date
- Dosage and method
- Timing
- Special precautions/other instructions
- Are there any side effects that the school/setting needs to know about?
- Self-administrate –Y/N
- Procedure to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy.

Contact Details

- Name
- Daytime telephone no.
- Relationship to child
- Address
- I understand I must deliver the medicine to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Reviewed May 2021

Signed S Liley and D Kaynes



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Holy Trinity Primary School Record of Medicine Administered to an Individual Child

- Date
- Time Given
- Dose Given
- Name of member of staff administering
- Signed by member of staff administering
- Name of member of staff witnessing
- Signed by member of staff witnessing

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- Dose Given
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