

Ysgol Y Bryn / Bryn Primary School



ADMINISTRATION OF MEDICINES

Please complete this form if your child is required to take prescribed medicine during School time.

PUPIL DETAILS:

Name: _____

Condition or illness

Medication

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

How long will you child take this medication: _____

Is your child able to administer this medicine independently: YES _____ NO _____

DIRECTIONS OF ADMINISTRATION:

Usage and method: _____

Timing: _____

Special precautions: _____

Side effects: _____

Signed (parent/guardian): _____

Confirmed/Signed (member of staff) : _____

Date: _____

UNTOWARD ISSUES WITH THE ADMINISTRATION OF MEDICINE:

REPORTED TO PARENT : YES _____ NO _____ SIGNED : _____