



Hillcross Primary School

Please complete this form fully if you wish us to administer medication to your child

Administering Medication in School

Note: Medications must be in their original container with the dispensing pharmacy label clearly attached with your child's name and dosage instructions.

Name Of Child:	
Class:	
Date:	
Medical Condition:	
Name Of Medication:	
Total dosage when given to school:	
Strength of Medication:	
Expiry Date:	
Dosage amount (e.g. 5ml):	
When to be given:	
Any other instructions:	

Parent/carer name:	
Parent/carers signature:	
Emergency Contact no:	
Name of GP/other medical professional:	
Telephone number of GP/other medical professional:	
Staff member name:	
Staff member signature:	

Medication should be in- date and reviewed annually (whichever comes first)