St Mary's Primary School – MEDICATION FORM

Prescribed Medication – e.g. antibiotics, lotions etc. The School staff will administer the medication for the duration of the prescription

Unprescribed Medication – e.g. Dimetapp, Demazin, etc (over the counter medications) will only be administered for a period of 48 Hours. Staff will only administer the medication according to the written Instructions on the bottle. If other amounts of the medication are required or it needs to be administered after 48 hours, a doctor’s authorisation will be required.

Paracetamol – Verbal permission must be obtained from parents or an Authorised person for the administration of paracetamol.

I give permission for the Staff of St Mary’s Primary School to give the medication noted below to my child:

Name of child: ____________________________________  Date of Birth: ____________________________

Reason for giving Medication: ________________________________________________________________

The time the Last dose was given (before coming to School): ___________________________________

Medication can only be administered 4 hourly, unless advised by a doctor in writing, or as noted on the prescription medication label

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication Name</th>
<th>Expiry Date</th>
<th>Dosage</th>
<th>Time to be Given</th>
<th>Time Given</th>
<th>Signature of Staff who administered Medication</th>
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Name of Staff member that I gave the Medication to and explained the requirements for my child: __________________________________________________________

Name of Parent/Guardian: __________________________________________

Signature of Parent/Guardian: ____________________________________  Date: _________________________________