



Yes we can

Headteacher: Claire Nuttall

# MEDICAL PROCEDURE FORM

(FOR THE DISPENSING OF MEDICINES OF CHILDREN)

This form must be completed and delivered to the School Office

<b>Name of Child:</b> .....		<b>Class:</b> .....
<b>Date of Birth:</b> .....		
<b>Name of medication:</b> .....		
<b>Dosage: (how much):</b> .....	<b>How Often:</b> .....	
<b>To be given by (please tick):</b> Mouth: <input type="checkbox"/> Inhalation: <input type="checkbox"/> Applied to skin: <input type="checkbox"/> Eye Drops: <input type="checkbox"/> Ear drops: <input type="checkbox"/>		
<b>Please state any precautions or possible side effects:</b> ..... ..... .....		
<b>Signature of Parent or Guardian:</b> .....		
<b>Name in Print</b> .....		<b>Relationship:</b> .....
<b>Date:</b> .....		
<i>Members of staff agreeing to the above responsibility should be satisfied that enough information and instruction is provided at all the procedure to be carried out safely.</i>		
<b>Signature of member of staff accepting request:</b> .....		
<b>Date</b> .....		