



Ysgol Gymunedol Llanmiloe

Llanmiloe Community School

Administration of Medicines Form

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

Pupil's details:

Name:

Class:

Condition or illness: _____

Medication: _____

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

How long will your child take this medication for: _____

Is your child able to administer this medicine independently: Yes _____ No _____

DIRECTION 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: _____