

Section 4 Medication Details

	4.1 Name of Medication / Treatment (if a different dose is given at another time please complete a separate box for each dose)	4.2 Dose	4.3 Time(s) to be given	4.4 Quantity supplied to school/establishment or sign each line if participant is to be responsible for taking that medication
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I accept responsibility for ensuring that the details I have supplied are correct.

I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school/establishment for my child/young person's needs.

Signed by parent / legal carer **or**
participant (when self-consent applies):

Print name:

Date:

Section 5 Recording form for staff only

Signature/Initials of member of staff administering medicine/treatment	Date and Time																	
	1																	
	2																	
	3																	
	4																	
	5																	
	6																	
	7																	
	8																	
	9																	
	10																	

Signature/Initials of member of staff administering medicine/treatment	Date and Time																	
	1																	
	2																	
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Additional notes by school/establishment: