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| Name | Form |
| Date of Birth | Date |
| Checklist  We will only accept medication packaged as follows   * Medicine In date * Dosage information * Instructions * Pharmacy label (if prescribed) * Original packaging * Storage Instructions | Instructions for administration-state when this should be given to the pupil. |
| Parent/Carer name | Parent Carer signature |
| Handed in on (date) | Date that medication should be ceased. Please state expiry date for pain relief medication to be held in school. |
| Each time we administer any **pain relief** medication that you have provided we need to contact you. If you would prefer us to e mail you please give us your e mail address:  e mail | |