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| Name | Form |
| Date of Birth | Date |
| ChecklistWe 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 |