



## Administration of Medicine St Patrick's Primary School, Drumgreenagh

To be completed by parents if they request the school/establishment to administer medicine.  
Your child **will not** be given medicine unless you complete and sign this form

<b>Surname</b>		<b>Forename</b>	
<b>Address</b>			
<b>Condition or illness</b>			
<b>Medication</b>			
<b>Name/type of medication (as described on the container)</b>			
<b>For how long will your child take this medication?</b>	<b>From:</b>	<b>To:</b>	
<b>Date dispensed</b>	<b>Expiry date</b>		
<i>*Parents must ensure that in date properly labelled medication is supplied.</i>			
<b>Full directions for use</b>			
<b>Dosage and method</b>			
<b>Timing</b>			
<b>Special precautions</b>			
<b>Additional information</b>			
e.g. side effects, any alternative emergency contact details, etc.			
<b>Self Administration</b>	<b>Yes/ No</b>		