

Headteacher: Mr J Clinton

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SAB\_B28

St. Ambrose Barlow Catholic Primary School, 841 Shirley Road, Hall Green, Birmingham, B28 9JJ

## **MEDICATION FORM**

The school will not give your child medicine unless you complete and sign this form; and the Headteacher has agreed that school staff can administer the medication.

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|---|
| DETAILS OF PUPIL  |
| SURNAME: DATE OF BIRTH:   |
| FORENAME(S):  |
| ADDRESS:  |
|   |
| MEDICATION DETAILS  |
| NAME/TYPE OF MEDICATION (as described on the container)                         |
|   |
|   |
| HOW LONG WILL YOUR CHILD TAKE/NEED THIS MEDICATION FOR?                         |
|   |
|   |
|   |
| DATE DISPENSED  |
| FULL DIRECTIONS FOR USE   |
| DOSAGE AND METHOD   |
| BOOAGE AND INETTIOD   |
|   |
| TIME/S REQUIRED   |
|   |
| SPECIAL PRECAUTIONS   |
|   |
|   |
| SIDE EFFECTS  |
|   |
| SELF ADMINISTRATION   |
|   |
| PROCEDURES TO TAKE IN AN EMERGENCY  |
|   |
|   |
| EMERGENCY CONTACT DETAILS   |
| NAME TELEPHONE NO   |
| TELET HOIVE IVO   |
| RELATIONSHIP TO PUPIL   |
|   |
| ADDRESS   |
|   |
| DATE SIGNATURE  |