



## The ATLP School Medication Administration Form

**The Arthur Terry school will not give your child medicine unless you complete and sign this form. Any medication must be prescribed by a GP, within the expiry date & include original packaging with dispensing & dosage label.**

Name of Child:

Date of Birth:

Group/Class/Form:

Medical condition/illness:

Medicine/s:

Name/Type of Medicine (as described on the container):

Date dispensed:

Expiry date:

Agreed review date to be initiated by [name of member of staff]:

Dosage, method and timing:

Special Precautions:

Are there any side effects that the school/setting needs to know about?

Self-Administration: Yes/No (delete as appropriate)

**The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering the medication in accordance with school policy and I understand that this is administered in good faith and on a voluntary basis and that school cannot be held responsible.**

Parents Signature

Print Name

Date

Head Teacher's  
signature