

### Medication Administration Form 2024-2025

**The academy will not administer medicine unless you complete and sign this form.**

<b>Name of student:</b>		<b>Group / class / form:</b>	
<b>Date of birth:</b>		<b>Date form submitted:</b>	
<b>Name of parent:</b>		<b>Parents signature / consent:</b>	
<b>Medical condition / illness:</b>			
<b>Medicine/s: <i>Please continue on another sheet if you require more space – this must be attached and signed</i></b>			
<b>Name and type of medicine</b>	<b>Amount provided</b>	<b>Dosage, method and timing</b>	<b>Date dispensed</b>
<b>Special precautions / other instructions:</b>			
<b>Are there any side effects to the medication/s that the academy needs to know about?</b>			
<b>Self-administration: <i>(delete as appropriate)</i> Yes / No</b>			
<b><i>To be completed by the academy:</i></b>			
<b><i>Medication start date:</i></b>			
<b><i>Medication end date:</i></b>			
<b><i>Review to be initiated by:</i></b>			
<b><i>Agreed review date:</i></b>			

**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT 2024/2025**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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Time given			
Dose given			
Name of member of staff			
Staff initials			

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