

Medication Administration Form 2026-2027

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

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

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL STUDENT 2026/2027

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

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

Date			
Time given			
Dose given			
Name of member of staff			
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